



World Obesity Atlas 2022

- Predictions for the prevalence of obesity and severe obesity in 2030 in men, women and children
- New Obesity-NCD Preparedness Ranking highlighting health system readiness to address the the consequences of obesity
- Latest estimates for the loss of healthy years of life due to high BMI
- 200 Country scorecards

March 2022



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Acknowledgments:

The World Obesity Federation is indebted to the World Health Organization, the NCD Risk Factor Collaboration, the Institute for Health Metrics and Evaluation, and the UN Population Division for the use of their downloadable data in the present Atlas. World Obesity is also grateful to Professors Boyd Swinburn and Bill Dietz for the comments made on the Obesity-NCD Preparedness Index. Used with permission. All rights reserved.

For further details please see the data sources and methods section in Appendix 1.

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Foreword



John Wilding

President



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“What gets measured gets done” is commonly cited as a justification for monitoring progress and underlies our Global Obesity Atlas 2022. There is no doubt that a lack of measurement makes it very hard to assess the impact of any interventions, and may lead to nothing being done. But equally, measurement alone is no guarantee of progress: it is the first step to demonstrating need and managing the response.

The second step is to ensure that national governments can assess their progress, both in absolute terms and in comparison with other national governments. Our fourth Global Obesity Atlas features tables comparing countries, region by region, for the projected levels of obesity and severe obesity in 2025 and 2030, for the effect that high BMI is having on years spent in poor health and impact on deaths, and for countries’ readiness for dealing with obesity.

We anticipate that the continuing increase in obesity worldwide will hold back economic development and will lead to high levels of stress on the health services of many countries. In the last two years we have witnessed and reported on how populations with higher levels of overweight and obesity were more at risk of serious consequences from COVID-19, with higher rates of hospitalisation and deaths. This has shown clearly that an unhealthy population, without concerted action in anticipation of the next pandemic, will result in even more lives lost needlessly. Equally, we have seen how governments can take rapid and radical measures to strengthen public health and prevent widespread disease.

As we reflect on the COVID-19 pandemic, it is essential that lessons are learnt, that good health is protected and promoted, that inequalities in health are removed, and that governments take the difficult but necessary steps – with obesity treatment and obesity prevention – to reduce the prevalence of obesity in this and future generations.

Voices of People Living with Obesity

The strongest advocates for taking action to address obesity are people living with obesity themselves. Their lived experience injects unique and invaluable insights that can help to design, improve and deliver obesity programmes, policies and services that work.

The Global Obesity Atlas 2022 launched on World Obesity Day; a day when people around the world come together to call for change. But action to address obesity is taking place all year round. This report supports the campaign and celebrates the inspiring individuals, groups and organisations who are making a difference in their regions.

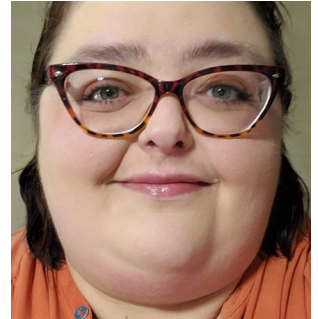
Here are just three of those stories. Thank you to Ogweno, Wendy and Allison.

“I was born with childhood obesity, and if statistics are anything to go by, by the time I was 18 I was supposed to be living with full-blown obesity. By the time I was 25 I was supposed to have developed hypertension, and by the time I was 35 I probably would have developed diabetes resulting from obesity. But this was not the case, because early on in my life I had people close to me who understood that obesity was a disease and helped me manage my condition. Now I realise that this is a privilege that not a lot of people – especially in sub-Saharan Africa – have when it comes to obesity. I developed an organisation called Stowelink, and from 2016 we have been educating communities about obesity. This is grassroots level action, but action on obesity is multifaceted and it needs everybody.”



Ogweno Stephen, CEO – Stowelink Inc, Kenya

“I would love to see more resources made available to people living with obesity – things like medications, counselling and support groups. Like everything else, unless you live through it, you don’t understand it. But because you can see obesity, it’s easy to jump to conclusions about how the person living with it got there. Here’s the truth though; you don’t know. There are many variables, from genetics, to medications to lifestyle choices that can cause obesity. It’s important to educate people about obesity. It is important to get the message out that we are not fat and lazy, and that we have a lot to contribute to society.”



Wendy Reaser, Canada

“I gained a considerable amount of weight with my first pregnancy (my son is now 31). Since then, I have lost 60lbs and I’m very proud of the hard work that I put in to do that. But it doesn’t stay that way without supportive systems in place; without healthcare professionals who understand the needs of a person living with obesity and other chronic conditions. If you have a medical team that works with you, and if you are an advocate for yourself and have education available, you can try to live a somewhat healthy lifestyle. Without help from the global community it’s a challenge. We need everyone’s help and everyone’s understanding. Weight stigma, weight bias, is not acceptable.”



Allison Ibrahim, M.Ed, Kuwait

Introduction

Introduction

Since 2019, World Obesity has published an annual Atlas on obesity around different themes, complementing the data collected within World Obesity's Global Obesity Observatory. These Atlases have provided projections for child and adult obesity, highlighting how far countries are from reaching the WHO global targets on obesity.

All countries are affected by obesity, and all countries are predicted to see a rise in the numbers of adults affected by obesity during the current decade. The chance of meeting the targets by 2025 has likely passed; however, our increasing understanding about obesity and the recent momentum on securing coordinated action on obesity means we can remain hopeful. But success can only come if we all work together, and invest in implementing and supporting comprehensive actions to prevent, manage and treat obesity throughout the life course. Action must be decisive, it must be people-centred and it must be integrated, to increase our chances of successfully preventing and treating obesity.

The World Obesity Atlas 2022, launched on World Obesity Day, presents projections in men and women for 2030 including the projected prevalence for obesity and severe obesity, and revisits 2030 projections for children. Furthermore, it presents current estimates for some of the consequences of obesity, namely the impact that high body mass index (BMI) has on the number of life-years lost to disease and early death (disease-adjusted life years, DALYs).

World Obesity recognises that the complex disease of obesity is not defined simply by BMI, and that better definitions exist that include an assessment of poor health due to higher body fat. Such assessments, however, require complex and well-equipped health systems that are able to address obesity in a systematic way and may therefore not be easily utilised or implemented in many current health systems, particularly those in low- and middle-income countries (LMICs). This means that from an epidemiological perspective, we do not have sufficient detail from most countries to be able to describe obesity prevalence based on this more nuanced definition, and BMI remains the best surrogate marker at the population level.

In addition to the reporting of obesity prevalence, this Atlas presents a new Obesity-NCD Preparedness Ranking, taking into account countries' current health system responses to NCDs and wider commitment to the implementation of prevention policies. This ranking gives an indication for how well, or poorly, countries are prepared to address the rise in obesity and to deal with the consequences. We provide summary data broken down by region as this is most comparable. The Atlas ends with scorecards for 200 countries globally, presenting the current estimates and projections for obesity, DALYs and preparedness. These serve as a wealth of knowledge, particularly for advocacy directed at policymakers who have the power to make a difference.

Global headlines

- By 2030 it is predicted that 1 in 5 women and 1 in 7 men will be living with obesity (BMI $\geq 30\text{kg/m}^2$), equating to over 1 billion people globally.
- Global prevalence of obesity is higher amongst women than men, highlighting the need for inclusive policies based on lived experience.
- The greatest number of people with obesity now live in LMICs, where the double burden of malnutrition continues, and systems are severely underprepared and ill-equipped to effectively address obesity and its consequences.
- Globally, over 160 million lost years of healthy life were due to high BMI in 2019, and the figure is likely to be higher still with each passing year. This is more than 20% of all lost years of healthy life caused by preventable chronic ill-health. If we are to tackle preventable NCDs, then succeed in addressing high BMI is essential.
- The new Obesity-NCD Preparedness Ranking highlights that many of the countries ranked lowest for preparedness are LMICs where the obesity rates are rising fastest and health system capacity is lowest, showing the need for strong prevention policies, as well as health system policies.
- To meet global targets, countries have a major challenge to halt the rise in obesity and reduce obesity across all age groups. This is why urgent, comprehensive and global action is so vital.

Table 1.0: Estimated global prevalence and numbers of adults living with obesity in 2010–2030

Adult obesity prevalence	2010		2025		2030	
	% adults	number	% adults	number	% adults	number
Obesity (Class I, II and III) BMI $\geq 30\text{kg/m}^2$	11.4%	511m	16.1%	892m	17.5%	1,025m
of which, severe obesity (Class II and III) BMI $\geq 35\text{kg/m}^2$	3.2%	143m	5.1%	284m	5.7%	333m
and of these, severe obesity (Class III) BMI $\geq 40\text{kg/m}^2$	0.9%	42m	1.7%	93m	1.9%	111m

Source: NCD Risk Factor Collaboration (2017), UN Population Division and World Obesity Federation projections

Section 1

Obesity – a global health priority

Section 1: Obesity – a global health priority

Why obesity?

Obesity is a chronic, relapsing, multifactorial disease,¹ as defined by the International Classification of Disease (ICD).^{2,3} It is also a significant risk factor for a number of other non-communicable diseases (NCDs) such as diabetes, heart disease and cancer, amongst others. Obesity often starts early in life, and childhood obesity is now a growing public health concern in LMICs where early prevention is critical. The prevalence of obesity is rising fastest in emerging economies, where the double burden of malnutrition prevails.⁴

Obesity, like all chronic diseases, has a wide range of drivers and determinants. Genetics, biology, healthcare access, mental health, sociocultural factors, equity, ultra-processed foods, economics, commercial determinants and environmental determinants are all roots of obesity. These roots interact and compound one another across a number of systems, resulting in the trends we see today. In many societies, obesity is perceived as a personal failure and there is limited recognition of the wide range of determinants of obesity. As well as being a health issue, people living with obesity can face stigma and suffer poor mental health, and it can also have an impact on educational attainment and employment opportunities and pass through generations.

Obesity, like other diseases, impacts bodies and minds in several ways, affecting appetite, satiety, metabolism, body fat and hormone balance. These changes do not always go away with weight loss and can last many years. Obesity therefore requires management and treatment, and people with obesity needs access to appropriate care, specialist healthcare professionals and multidisciplinary teams. Obesity is also relapsing, which means that without addressing obesogenic environments and other root causes, individuals remain exposed to the same

risks. Furthermore prevention is critical, particularly in countries that are at an earlier stage of the obesity trend. Supporting people to live healthier lives by addressing the commercial, environmental and social determinants of health is key to healthier societies. The implementation of strong and comprehensive policy packages will help reduce the risk of obesity.

In addition, COVID-19 has exposed the vulnerabilities we face due to lack of preparedness, and our failure to act on obesity is no exception. Obesity is the second leading predictor after age for COVID-19 complications and mortality. Many lives could have been saved had governments taken earlier action to implement integrated policies that help prevent and manage obesity.

Only by both preventing and treating obesity, and only by taking action now, can we hope to reduce obesity globally and improve the lives of global populations. Obesity requires systems-based thinking and comprehensive policy action, covering prevention, management, and treatment to address it across the life course and in different settings.

Global obesity landscape

While many of the same trends of a increasing obesity prevalence can be seen around the world, the global obesity landscape is highly varied. In some regions, such as parts of Europe and North America, the prevalence of obesity is plateauing at high levels, while in other countries the biggest impact is yet to come. Today, obesity is rising fastest in LMICs as well as Small Island Developing States (SIDS), where many countries are also still grappling with undernutrition. As shown in World Obesity's 2020 Atlas,⁵ the top 10 countries with the most rapid rise in adult obesity prevalence over the past decades are almost exclusively LMICs.

The perception of obesity varies extensively around the world. In many high-income countries, and increasingly middle-income countries, it is associated with pervasive stigma which fuels a personal responsibility narrative of blame and ineffective individualistic policies, detracting support for comprehensive prevention, treatment and management measures.⁶ On the other hand, in some cultures, a higher weight is desirable and associated among the public with absence of communicable diseases such as HIV.^{7,8} There is also variability in the association between obesity and socioeconomic status. In many countries, inequity is a major driver of obesity, with people of lower socioeconomic position at higher risk of developing obesity, while in others obesity is often associated with wealth and affluence, and consequently perceived as desirable.

Obesity in global health: a decade of neglect

At the 2011 UN High Level Meeting on NCDs, governments around the world made commitments to take action to prevent and treat NCDs, namely focused on heart disease, cancer, diabetes and lung disease. As part of this framework, obesity was identified alongside unhealthy diets as one of the important risk factors for NCDs. Subsequently a target to 'halt the rise in obesity at 2010 levels, by 2025' was set, and a similar target has also been set for childhood obesity.

However, we are catastrophically off track to meet the targets. Fragmentation and underprioritisation of obesity is hindering progress towards meeting the obesity targets, while also putting other NCD targets in jeopardy, as well as the SDG targets on NCDs (3.4), universal health coverage (UHC, 3.8) and malnutrition (2). Lack of progress also impedes achievement of the WHO Triple Billion targets,⁹ including to have 1 billion people enjoying better health and wellbeing, better protected from health emergencies, and benefitting from UHC. The failure to recognise obesity as a chronic disease requiring prevention, management and treatment within this framework, and instead considering it solely as a risk factor, effectively excludes obesity and solutions aimed at its

management and treatment for the 800 million or so living with the disease, leaving many behind.

Over the last decade, our collective understanding of the science of obesity, as well as of successful implementation of policies and services, has increased. It is vital that we use this understanding to raise obesity up the NCD and wider global health agenda. We must recognise it as a chronic disease and give it the priority and resource that is required to achieve change, and that people living with obesity deserve.

Building momentum

Addressing obesity globally has never been so critical. Over the past three decades we have seen increasing numbers of people affected and yet, despite increasing knowledge of it, no country has been successful in curbing its national obesity prevalence.

2021 was a pivotal year for global obesity policy, following evidence showing that it is one of the leading risk factors for COVID-19 death and disability. The momentum that followed provides an opportunity to make 2022 an even more important year for global obesity policy, and in turn to support the people living with obesity, and those who are most at risk.

As part of a WHO resolution on diabetes adopted in 2021 by the World Health Assembly, the WHO was requested to develop recommendations and targets on obesity prevention and management across the life course.¹⁰ These recommendations provide a detailed overview of the comprehensive action needed to address obesity, including training healthcare professionals and provision and access to obesity care, as well as policies to improve diets and physical activity. They serve as an important building block, and the next step needs to be a Global Action Plan, or similar strategy, on obesity to support countries and help accelerate national action plans, regardless of their starting point in terms of either obesity prevalence or obesity policy development.

Body mass index (BMI)

The most widely used method of measuring and identifying obesity is body mass index, calculated as weight in kilograms divided by height in metres squared.¹¹ In adults, a BMI of $\geq 30 \text{ kg/m}^2$ is defined as obesity, and is the standard measure used by the WHO. Higher BMIs are also classified as severe obesity, including obesity grade II ($\geq 35 \text{ kg/m}^2$) and obesity grade III ($\geq 40 \text{ kg/m}^2$). For children and adolescents, different cut-points are used depending upon age and sex, to adjust for the physiological changes in BMI seen during normal development.

At the individual level, BMI is an important screening tool which is quick and easy to measure in many different settings. It is also an important measure for monitoring obesity prevalence at a population level and for use in epidemiological studies, for example to give an indication of local, national or regional prevalence, or to enable cross-country comparisons. However, the complexity of obesity cannot be captured or defined simply by BMI, and other measures exist which allow for a broader assessment of poor health due to higher body fat. Such assessments require complex and well-equipped health systems that are able to

address obesity in a systematic way and therefore may not be easily utilised or implemented in many current health systems, particularly those in LMICs. This means that from an epidemiological perspective, we do not have sufficient detail from most countries to be able to describe obesity prevalence based on a more nuanced definition, and BMI remains the best surrogate marker at the population level.

In this report, we have used BMI $\geq 30 \text{ kg/m}^2$ to define obesity in adults, as it provides us with the best indication of obesity prevalence at national, regional and global levels. We use BMI $\geq 35 \text{ kg/m}^2$ and $\geq 40 \text{ kg/m}^2$ to provide a clearer picture of the number of people likely to require treatment; we have included both as we recognise that these thresholds are not used universally.

We hope that future research will focus on finding more precise and inclusive diagnostic tools that work for all people. For now, it is essential that people do not just self-diagnose but instead seek medical advice from doctors who can provide a more in-depth analysis of their overall health.

COVID-19 and obesity

COVID-19 has brought to public attention the higher risk of ill health from infectious diseases associated with increased body weight. Reviews across the medical literature confirm that people living with overweight, and especially obesity, are at a higher risk of developing infections of various types, and to develop serious complications following infection.

Obesity was found to be highly correlated with COVID-19 associated mortality, with death rates ten times higher in countries where over 50% of the population are living with overweight.¹² Despite the widespread roll-out of vaccination programmes, especially in wealthier countries, the evidence showing excess bodyweight to be a major risk-factor for serious ill health from COVID-19 remains strong.

As of 1st Jan 2022, the correlation between national death rate for COVID-19 per 100,000 population and national prevalence of overweight is highly significant ($r = 0.52$, $p < 0.001$). In the 70 countries where overweight affects fewer than 50% of the population, the cumulative death rate from COVID-19 averages 31 per 100,000 (1.2m deaths), while in the 94 countries where over half the population are overweight the death rate from COVID-19 averages nearly four-fold higher, at 115 per 100,000 (4.3m deaths). It can be speculated that if all the world's population had a prevalence

of overweight among adults below 50% than as many as 3 million of the 5.5 million COVID-19 deaths may have been averted.

The evidence that obesity is an independent and leading risk factor for complications and mortality from infections such as COVID-19 demonstrates that it is a global health security issue and a disease requiring urgent action now and in preparation for future pandemics. We need to step up policy action and investment in NCD and obesity prevention, treatment and management.

As part of global health security efforts, governments around the world need to:

- Allocate health system resources to ensure appropriate care for people living with obesity and other NCDs in the case of future health emergencies, while ensuring access to routine services remains
- Ensure the health workforce is adequately trained to treat vulnerable populations in a culturally sensitive, non-stigmatising way
- Ensure responses to future health emergencies integrate prevention policies for obesity, including improving health education, enabling equitable access to nutritionally adequate food, supporting physical activity and promoting good mental health.

Commercial determinants

The concept of 'commercial determinants of health' is an extension of the social determinants of health approach which looks at the broader social factors that impact on population health equity. There are increasing concerns about the harmful impacts that commercial actors have on population health, both through their practices (such as the promotion of unhealthy products or labour, or environmental practices) and their influence over wider systems, including policymaking in public health and regulatory regimes.

For individual companies to survive in a highly competitive market, some will pursue models of production and market expansion, which harm the health of both people and planet through, for example, intensive marketing and promotion of unhealthy food produced in an unsustainable and/or exploitative way. Some food and beverage

manufacturers have recognised this issue, acknowledging the need to examine how the economic system impacts health outcomes.¹³ If commercial operators cannot easily change voluntarily due to the logic of the market, then other forms of regulation and/or incentives are called for in the interests of consumers, health systems and societies more broadly. Banks and investment funds that provide companies with capital may be more amenable to encouraging more positive commercial practices in the context of advancing environmental, social and governance investing. Governments should also take steps to safeguard the public from potential harmful consequences caused by the activities of some companies and implement regulatory measures to protect the health of their populations.

Section 2: Projections of obesity prevalence in 2030

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No country is on track to meet the WHO's 2025 targets on obesity (as defined by BMI), and obesity rates are set to continue to rise globally. New data presented in this Atlas show that, by 2030, it is predicted that 1 in 5 women and 1 in 7 men will be living with obesity (BMI $\geq 30\text{kg/m}^2$), equating to over 1 billion people globally. Indeed, countries are moving away from, rather than towards the targets, as levels of obesity continue to rise. This is of particular concern in LMICs, where the greatest number of people with obesity now live, and where health systems and healthcare professionals are severely underprepared to effectively manage and treat obesity and its consequences. Furthermore, many LMICs face the consequences of the double burden of malnutrition.

The steady rise of severe obesity is of concern globally, as it is at this point that people with obesity require treatment and care. If countries have not invested in services for people living with obesity, or do not have the resources to do so, many lives will be severely impacted by obesity and many people living with obesity left behind.

This section presents new 2030 projections for the prevalence of obesity globally, as well as by WHO region and World Bank income group. Further, we provide data grouped by WHO region, where cultures and economies are more likely to be comparable. Overall, we can see that the prevalence of obesity is rising globally, in both men and women, across all income groups.

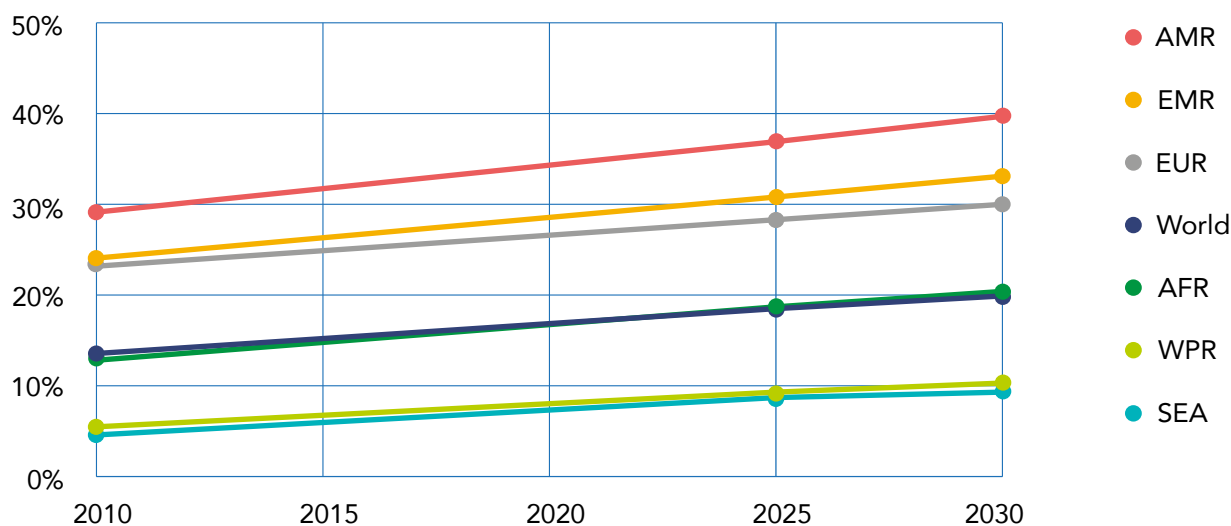
Table 2.0: Estimated global prevalence and numbers of people with obesity and severe obesity in 2010, 2020, 2025 and 2030

Obesity prevalence defined by BMI	2010		2020		2025		2030	
	%	n	%	n	%	n	%	n
Women								
Obesity (Class I, II and III) $\geq 30\text{kg/m}^2$	14	304m	17	445m	18	512m	20	586m
Severe obesity (Class II and III) $\geq 35\text{kg/m}^2$	4	100m	6	159m	7	188m	7	219m
Severe obesity (Class III) $\geq 40\text{kg/m}^2$	1	32m	2	54m	2	65m	3	77m
Men								
Obesity (Class I, II and III) $\geq 30\text{kg/m}^2$	9	207m	13	324m	14	380m	15	439m
Severe obesity (Class II and III) $\geq 35\text{kg/m}^2$	2	44m	3	79m	3	96m	4	114m
Severe obesity (Class III) $\geq 40\text{kg/m}^2$	0.5	11m	1	22m	1	28m	1	34m
All adults								
Obesity (Class I, II and III) $\geq 30\text{kg/m}^2$	11	511m	15	764m	16	892m	18	1,025m
Severe obesity (Class II and III) $\geq 35\text{kg/m}^2$	3	143m	5	238m	5	284m	6	333m
Severe obesity (Class III) $\geq 40\text{kg/m}^2$	1	42m	2	77m	2	93m	2	111m

Source: NCD Risk Factor Collaboration (2017), UN Population Division and World Obesity Federation projections

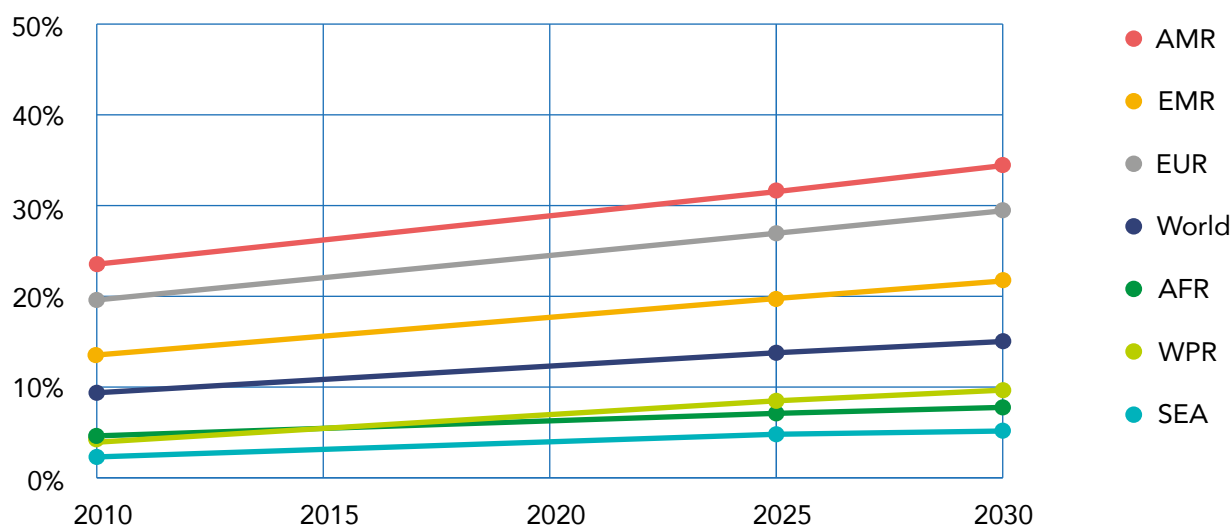
All countries are affected by obesity, and all countries are predicted to see a rise in the numbers of adults affected by obesity during the current decade. The highest rates of obesity at all BMI points are found in the WHO Americas region for both women and men. The highest numbers of people with obesity are also found in this region. In all regions, more women are affected by obesity than men.

Figure 2.0: Prevalence of obesity (BMI $\geq 30\text{kg/m}^2$) amongst women by regions in 2010–2030



Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Figure 2.1: Prevalence of obesity (BMI $\geq 30\text{kg/m}^2$) amongst men by regions in 2010–2030



Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Table 2.1: Estimated regional prevalence of obesity amongst women in 2030

	≥30kg/m ²		≥35kg/m ²		≥40kg/m ²	
	%	N	%	N	%	N
AFR	20%	74m	8%	28m	3%	11m
AMR	40%	164m	19%	80m	8%	32m
EMR	33%	84m	14%	36m	5%	13m
EUR	30%	113m	12%	45m	4%	15m
SEA	9%	69m	2%	16m	0.5%	4m
WPR	10%	79m	2%	16m	0.5%	4m
World	20%	586m	7%	219m	3%	78m

Source: NCD Risk Factor Collaboration (2017), UN Population Division and World Obesity Federation projections

Table 2.2: Estimated regional prevalence of obesity amongst men in 2030

	≥30kg/m ²		≥35kg/m ²		≥40kg/m ²	
	%	N	%	N	%	N
AFR	8%	27m	2%	6m	1%	2m
AMR	34%	134m	13%	49m	4%	17m
EMR	22%	59m	6%	16m	2%	5m
EUR	29%	102m	8%	27m	2%	6m
SEA	5%	40m	1%	5m	0.2%	1m
WPR	10%	75m	1%	10m	0.3%	2m
World	15%	439m	4%	114m	1%	34m

Source: NCD Risk Factor Collaboration (2017), UN Population Division and World Obesity Federation projections

Table 2.3: Estimated prevalence of obesity BMI $\geq 30\text{kg/m}^2$ - top 20 countries globally amongst men and women by 2030

Women			Men		
Country	Prevalence %	Number	Country	Prevalence %	Number
American Samoa	69	17	Nauru	67	3.3
Cook Islands	69	3.4	Cook Islands	66	3.3
Nauru	68	3.4	American Samoa	66	16
Palau	68	3.5	Palau	65	3.2
Tuvalu	67	3.4	Tuvalu	61	3.1
Niue	66	0.3	Marshall Islands	60	3.0
Marshall Islands	65	3.3	Niue	58	0.3
Samoa	65	39	French Polynesia	58	63
Tonga	65	22	Tokelau	54	2.74
French Polynesia	63	69	Kiribati	54	20
Tokelau	63	3.2	Tonga	54	17
Micronesia (Federated States of)	62	24	Micronesia (Federated States of)	52	20
Kiribati	61	25	Samoa	52	33
Kuwait	52	706	United States of America	47	61,100
Jordan	52	1,730	Qatar	43	906
Egypt	52	18,425	Kuwait	42	960
Saudi Arabia	51	5,790	Saudi Arabia	41	6,840
Qatar	51	314	New Zealand	40	756
United Arab Emirates	50	1,209	Australia	39	4,080
Turkey	50	16,346	Canada	39	6,265

Source: NCD Risk Factor Collaboration (2017), UN Population Division and World Obesity Federation projections

Prevalence only tells part of the story, and looking at the numbers of people affected by obesity is also important for identifying priority countries and which countries are most affected. Half of all women living with obesity live in 11 countries: USA, China, India, Brazil, Mexico, Russia, Egypt, Indonesia, Iran, Turkey and Pakistan. Half of all men living with obesity live in 9 countries: USA, China, India, Brazil, Mexico, Russia, Egypt, Germany and Turkey. 150 million more women than men are expected to be affected by obesity by 2030.

Table 2.4: Estimated number of adults with BMI $\geq 30\text{kg/m}^2$ - top 20 countries globally for women and men by 2030

Women			Men		
Country	Number	Prevalence %	Country	Number	Prevalence %
GLOBAL	586m	20	GLOBAL	434m	15
United States of America	64m	47	United States of America	61m	47
China	60m	10	China	55m	10
India	40m	8	India	24m	4
Brazil	29m	33	Brazil	21m	26
Mexico	21m	41	Mexico	15m	32
Egypt	18m	52	Russian Federation	12m	24
Russian Federation	18m	30	Egypt	11m	31
Turkey	16m	50	Turkey	11m	34
Indonesia	14m	14	Germany	10m	32
Iran	14m	42	United Kingdom	10m	37
Pakistan	13m	17	Iran	9m	28
Nigeria	13m	20	Indonesia	8m	8
South Africa	11m	50	Pakistan	7m	9
United Kingdom	10m	37	France	7m	29
Germany	9m	25	Saudi Arabia	7m	41
Algeria	7m	46	Italy	6m	26
France	7m	26	Canada	6m	39
Colombia	7m	34	Spain	6m	32
Argentina	6m	36	Argentina	6m	35
Iraq	6m	45	South Africa	5m	23

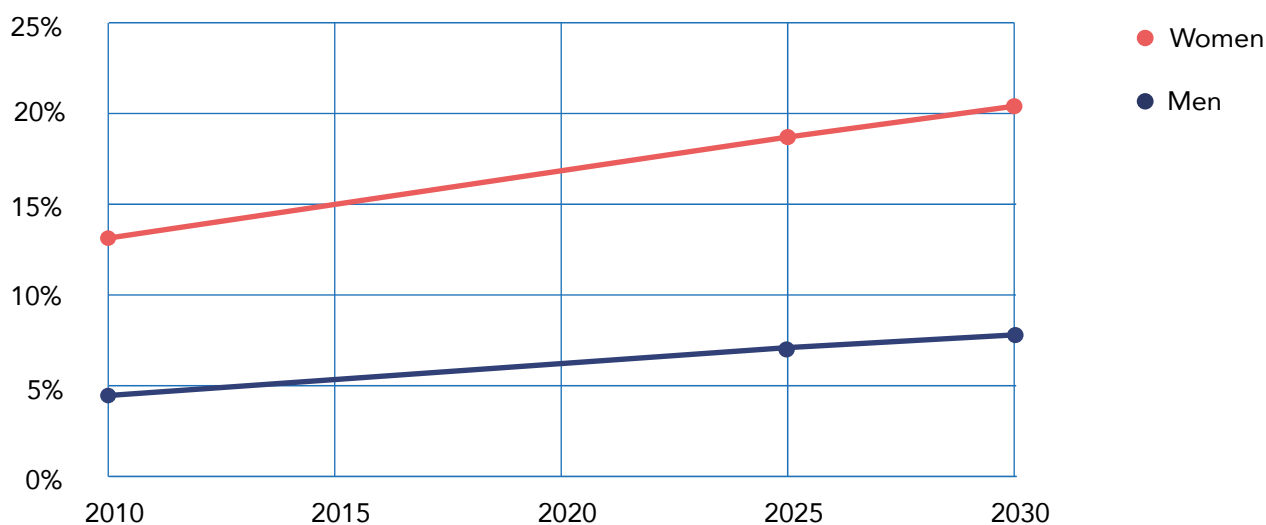
Source: NCD Risk Factor Collaboration (2017), UN Population Division and World Obesity Federation projections

AFRICA

Across the African region, 1 in 13 men (7.76%) and 1 in 5 women (20.41%) are predicted to have a BMI $\geq 30\text{kg/m}^2$ by 2030. This equates to approximately 27 million men and 74 million women in the region at risk of the complications of obesity by 2030. Of these, over 6 million men are predicted to have a BMI of $\geq 35\text{kg/m}^2$ and over 2 million are predicted to have a BMI of $\geq 40\text{kg/m}^2$, while 28 million women are predicted to have a BMI of $\geq 35\text{kg/m}^2$ and over 10 million a BMI of $\geq 40\text{kg/m}^2$.

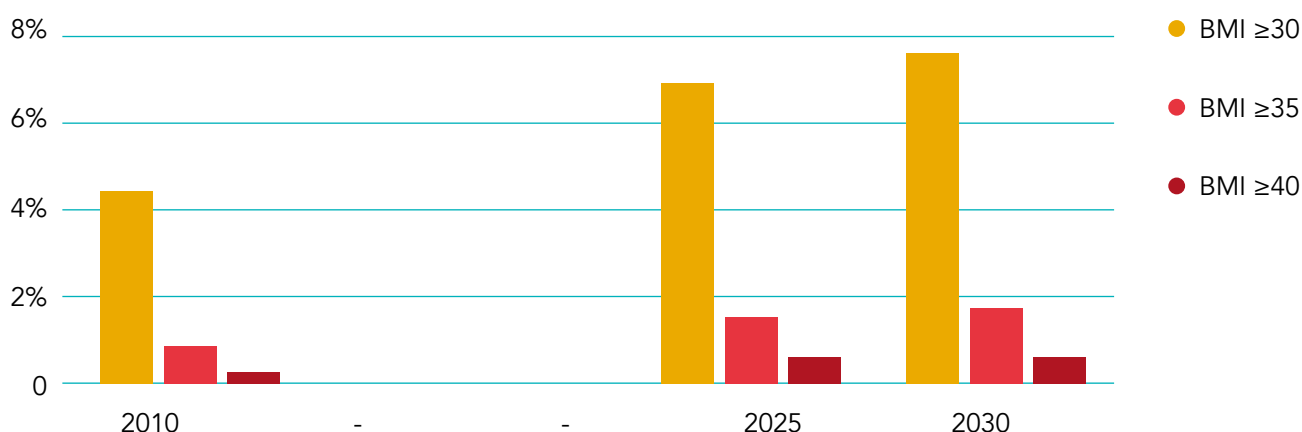
In contrast, in 2010, 8 million men and 26 million women in the region had a BMI of $\geq 30\text{kg/m}^2$, meaning that the obesity prevalence in the region is predicted to have tripled by 2030. The difference in prevalence between men and women is particularly high in this region.

Figure 2.2: Prevalence of obesity (BMI $\geq 30\text{kg/m}^2$) amongst men and women in Africa in 2010–2030



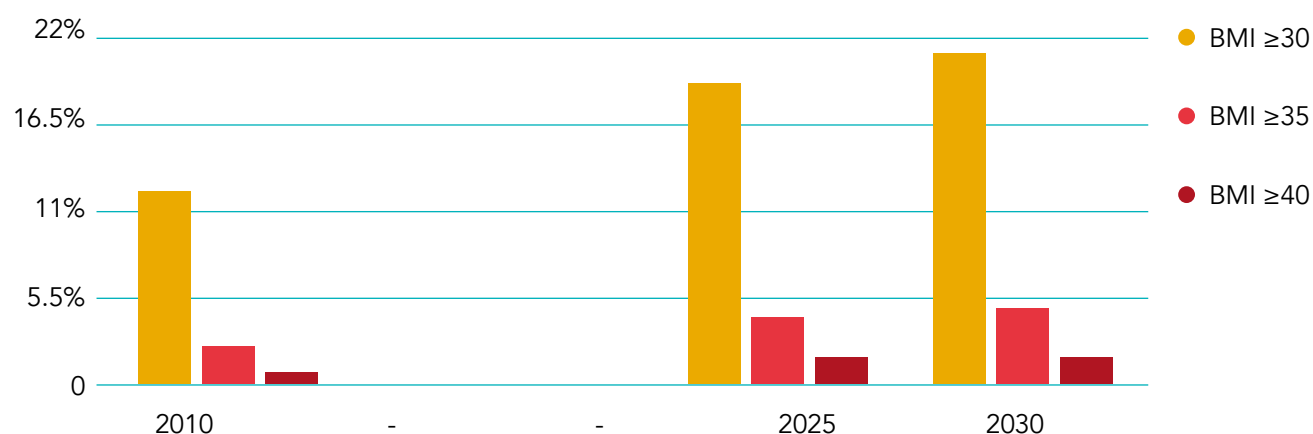
Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Figure 2.3: Prevalence of obesity in men in Africa by BMI category in 2010–2030



Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Figure 2.4: Prevalence of obesity in women in Africa by BMI category in 2010–2030



Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Table 2.5: African countries with the highest and lowest estimated prevalence of obesity amongst women by 2030

10 Highest countries		10 Lowest countries	
Country	Prevalence 2030	Country	Prevalence 2030
South Africa	50%	Ethiopia	11%
Algeria	46%	Madagascar	11%
Botswana	38%	Eritrea	11%
Lesotho	37%	Burkina Faso	13%
Namibia	36%	Uganda	13%
Eswatini	35%	Niger	13%
Zimbabwe	33%	Burundi	13%
Seychelles	28%	Chad	13%
Gabon	27%	Malawi	14%
Mauritania	27%	DR Congo	15%

Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Table 2.6: African countries with the highest and lowest estimated prevalence of obesity amongst men by 2030

10 Highest countries		10 Lowest countries	
Country	Prevalence 2030	Country	Prevalence 2030
Algeria	30%	Uganda	3%
South Africa	23%	Ethiopia	3%
Gabon	14%	Eritrea	3%
Botswana	12%	Rwanda	3%
Namibia	12%	Burundi	3%
Sao Tome and Principe	11%	Malawi	3%
Seychelles	11%	Niger	4%
Cabo Verde	11%	Burkina Faso	4%
Mauritania	10%	Madagascar	5%
Cameroon	9%	Chad	5%

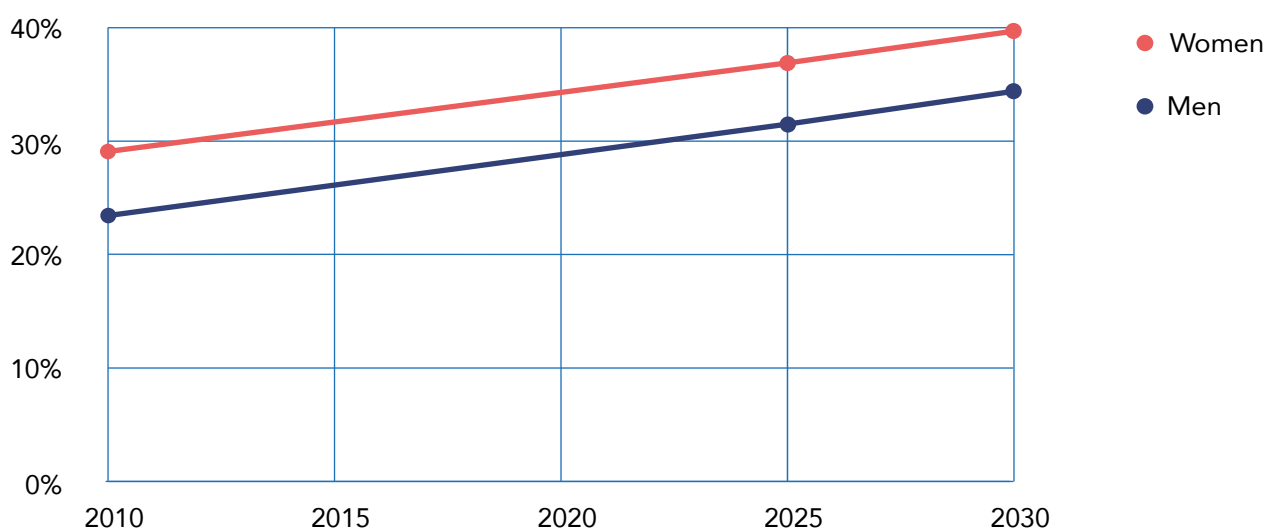
Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

AMERICAS

Across the Americas region, 1 in 3 men (34.41%) and almost two-fifths of women (39.72%) are predicted to have a BMI $\geq 30\text{kg/m}^2$ by 2030. This equates to approximately 134 million men and 164 million women in the region at risk of the complications of obesity by 2030. Of these, over 49 million men are predicted to have a BMI of $\geq 35\text{kg/m}^2$ and almost 17 million are predicted to have a BMI of $\geq 40\text{kg/m}^2$, while 79 million women are predicted to have a BMI of $\geq 35\text{kg/m}^2$ and over 32 million a BMI of $\geq 40\text{kg/m}^2$.

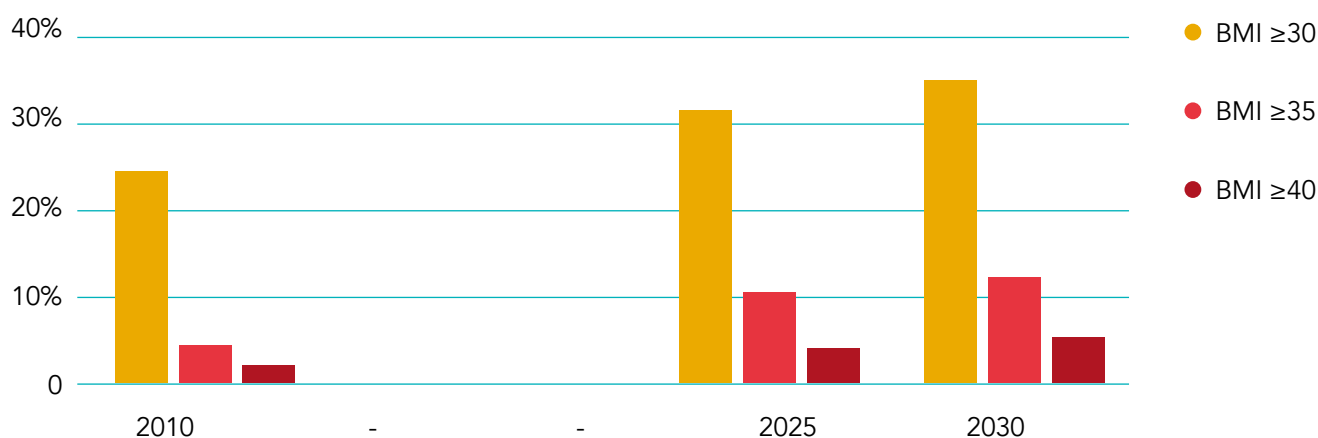
In 2010, approximately 70.5 million men and 93.5 million women had a BMI of $\geq 30\text{kg/m}^2$, representing a more than 1.5-fold increase predicted by 2030. Notably, this rise is slower than in other regions such as Africa.

Figure 2.5: Prevalence of obesity (BMI $\geq 30\text{kg/m}^2$) amongst men and women in the Americas in 2010–2030



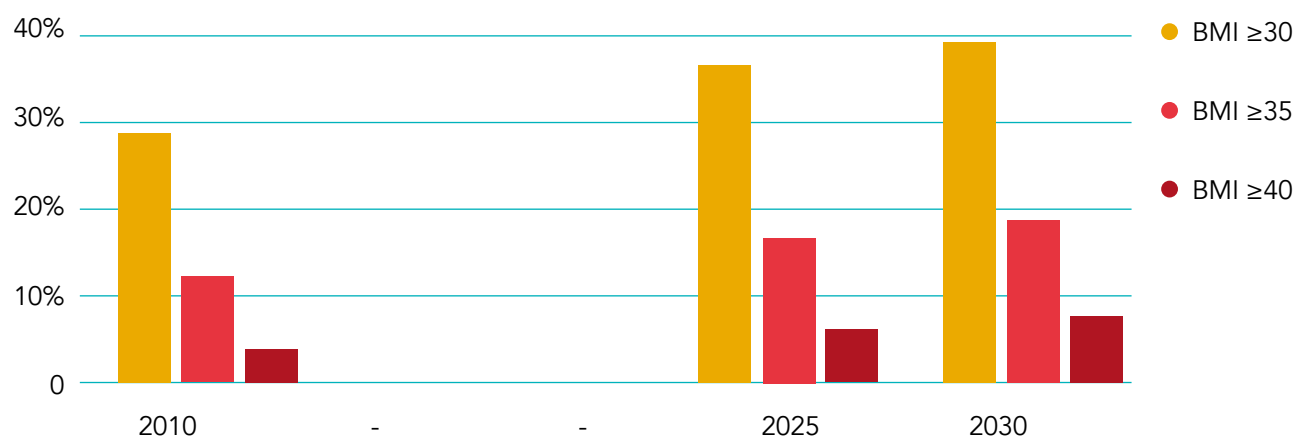
Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Figure 2.6: Prevalence of obesity in men in the Americas by BMI category in 2010–2030



Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Figure 2.7: Prevalence of obesity in women in the Americas by BMI category in 2010–2030



Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Table 2.7: Countries in the Americas with the highest and lowest estimated prevalence of obesity amongst women by 2030

10 Highest countries		10 Lowest countries	
Country	Prevalence 2030	Country	Prevalence 2030
Bermuda	48%	Guatemala	31%
United States	47%	Saint Lucia	32%
Puerto Rico	47%	Venezuela	32%
Dominican Republic	46%	Colombia	33%
Bahamas	46%	Antigua and Barbuda	34%
Dominica	45%	Bolivia	34%
Jamaica	43%	Brazil	34%
Suriname	42%	Ecuador	35%
Costa Rica	42%	Paraguay	35%
Saint Vincent and the Grenadines	42%	Peru	36%

Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Table 2.8: Countries in the Americas with the highest and lowest estimated prevalence of obesity amongst men by 2030

10 Highest countries		10 Lowest countries	
Country	Prevalence 2030	Country	Prevalence 2030
United States of America	47%	Trinidad and Tobago	16%
Canada	39%	Antigua and Barbuda	16%
Bermuda	37%	Saint Lucia	16%
Puerto Rico	36%	Guyana	18%
Argentina	35%	Grenada	19%
Uruguay	33%	Bolivia	21%
Chile	33%	Ecuador	21%
Bahamas	33%	Peru	21%
Mexico	32%	Barbados	21%
Dominican Republic	32%	Guatemala	22%

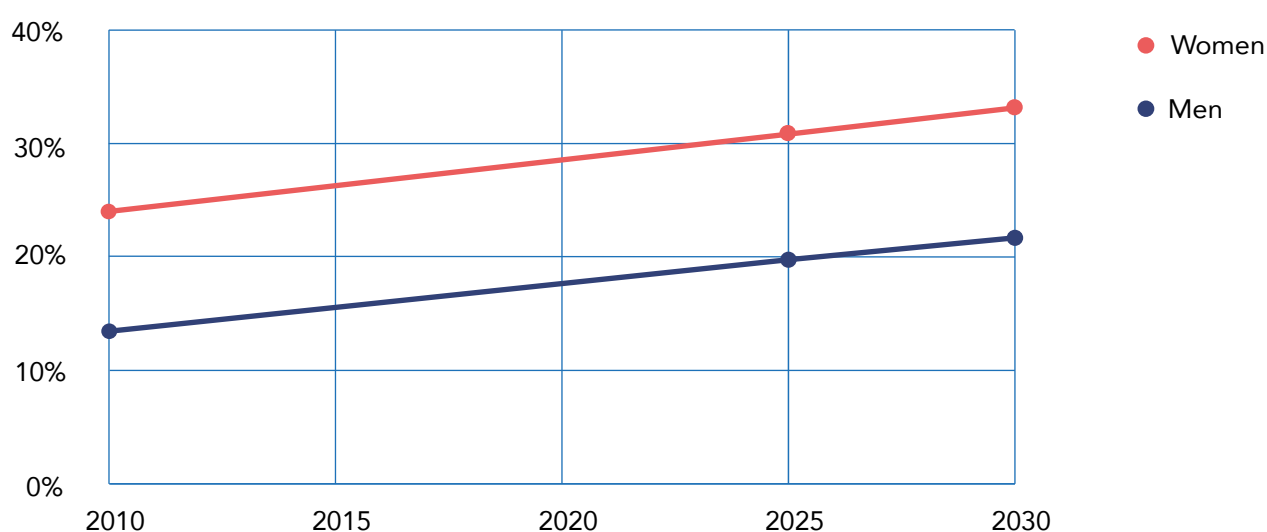
Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

EASTERN MEDITERRANEAN

Across the Eastern Mediterranean, 1 in 5 men (21.69%) and 1 in 3 women (33.15%) are predicted to have a BMI of $\geq 30\text{kg/m}^2$ by 2030. This equates to over 58 million men and 84 million women in the region at risk of the complications of obesity by 2030. Of these, over 16 million men are predicted to have a BMI of $\geq 35\text{kg/m}^2$ and over 4 million are predicted to have a BMI of $\geq 40\text{kg/m}^2$, while over 34 million women are predicted to have a BMI of $\geq 35\text{kg/m}^2$ and over 12 million a BMI of $\geq 40\text{kg/m}^2$.

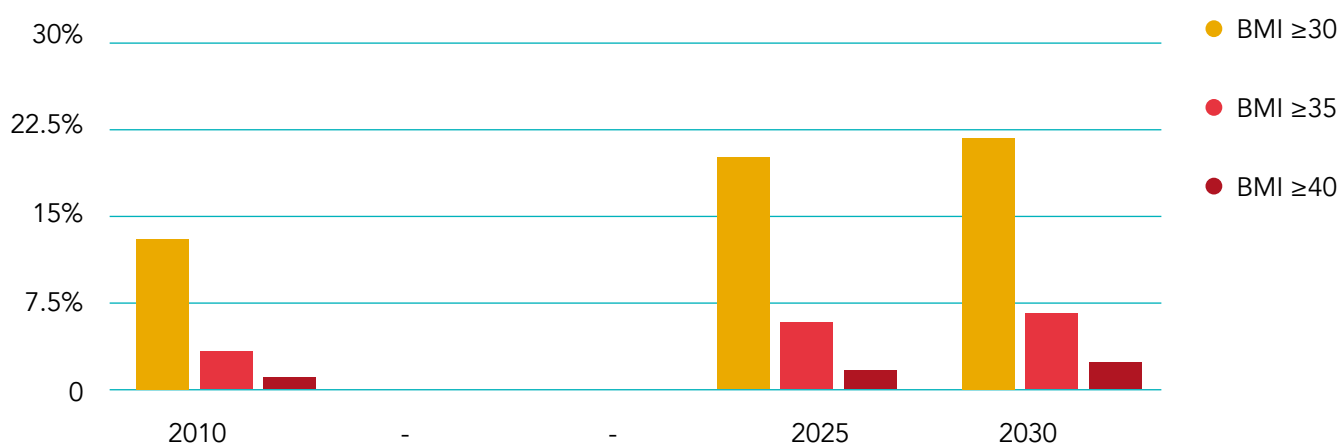
In 2010, just under 23 million men and 40 million women had a BMI of $\geq 30\text{kg/m}^2$ meaning that obesity in the region is projected to have more than doubled by 2030.

Figure 2.8: Prevalence of obesity (BMI $\geq 30\text{kg/m}^2$) amongst men and women in the Eastern Mediterranean in 2010–2030



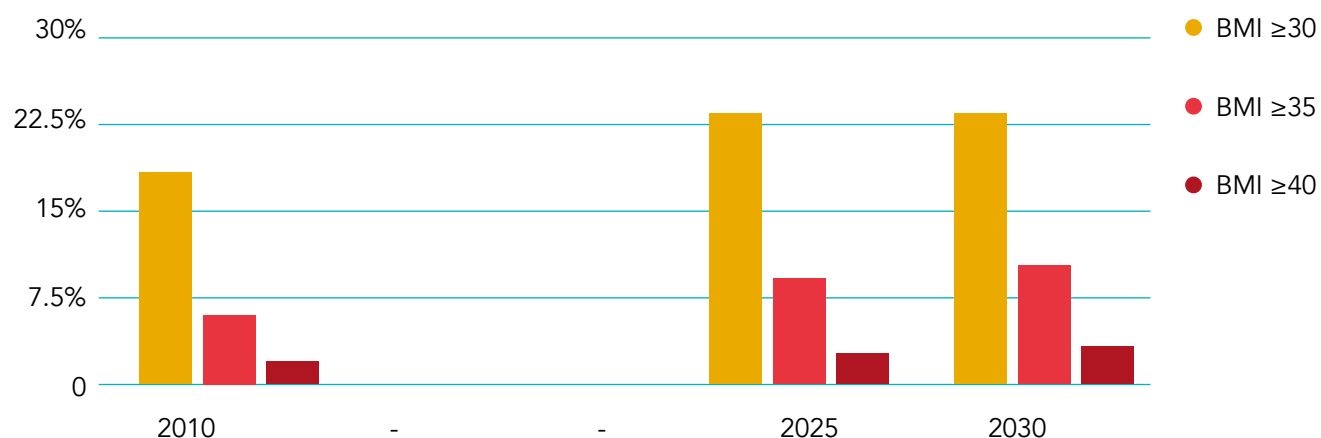
Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Figure 2.9: Prevalence of obesity in men in the Eastern Mediterranean by BMI category in 2010–2030



Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Figure 2.10: Prevalence of obesity in women in the Eastern Mediterranean by BMI category in 2010–2030



Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Table 2.9: Countries in the Eastern Mediterranean region with the highest and lowest estimated prevalence of obesity amongst women by 2030

10 Highest countries		10 Lowest countries	
Country	Prevalence 2030	Country	Prevalence 2030
Kuwait	52%	Afghanistan	12%
Jordan	52%	Pakistan	17%
Egypt	52%	Sudan	18%
Saudi Arabia	51%	Somalia	18%
Qatar	51%	Djibouti	24%
United Arab Emirates	50%	Yemen	31%
Libya	48%	Iran	42%
Palestine	48%	Morocco	42%
Iraq	45%	Oman	43%
Syrian Arab Republic	45%	Bahrain	43%

Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Table 2.10: Countries in the Eastern Mediterranean region with the highest and lowest estimated prevalence of obesity amongst men by 2030

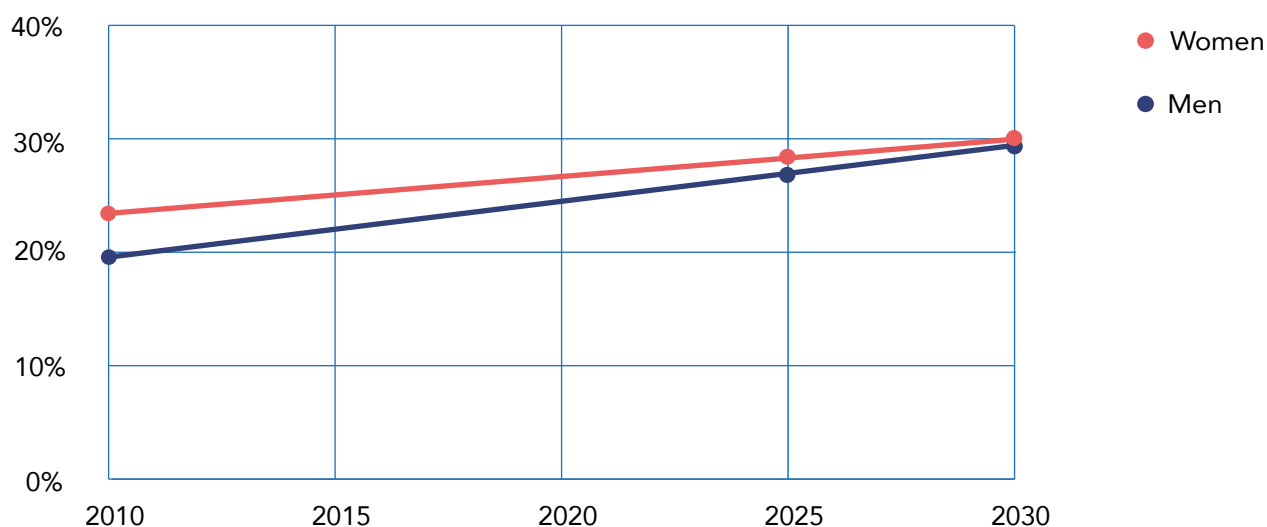
10 Highest countries		10 Lowest countries	
Country	Prevalence 2030	Country	Prevalence 2030
Qatar	42%	Afghanistan	5%
Kuwait	42%	Sudan	6%
Saudi Arabia	41%	Somalia	6%
Jordan	38%	Pakistan	9%
United Arab Emirates	37%	Djibouti	12%
Lebanon	36%	Yemen	18%
Palestine	35%	Tunisia	27%
Libya	33%	Morocco	28%
Bahrain	33%	Iran	28%
Oman	32%	Syrian Arab Republic	30%

Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

EUROPE

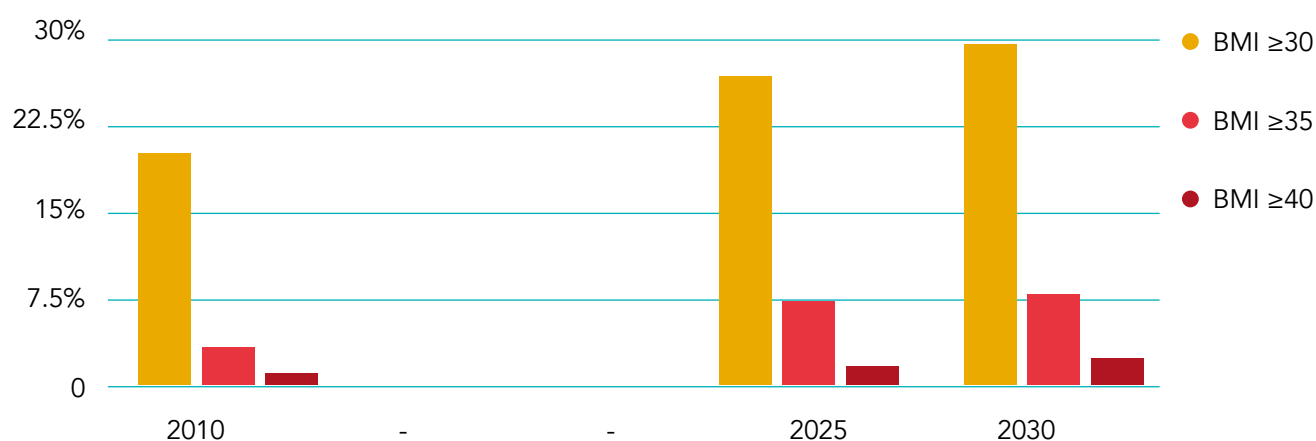
Across the European region, almost 1 in 3 men (29.42%) and women (29.97%) are predicted to have a BMI of $\geq 30\text{kg/m}^2$ by 2030. This equates to approximately 102 million men and 113 million women in the region at risk of the complications of obesity by 2030. Of these, over 26 million men are predicted to have a BMI of $\geq 35\text{kg/m}^2$ and almost 6 million are predicted to have a BMI of $\geq 40\text{kg/m}^2$, while 44 million women are predicted to have a BMI of $\geq 35\text{kg/m}^2$ and 14 million a BMI of ≥ 40 . 63 million men and 83.5 million women in the European region had a BMI of $\geq 30\text{kg/m}^2$ in 2010.

Figure 2.11: Prevalence of obesity (BMI $\geq 30\text{kg/m}^2$) amongst men and women in Europe in 2010-2030



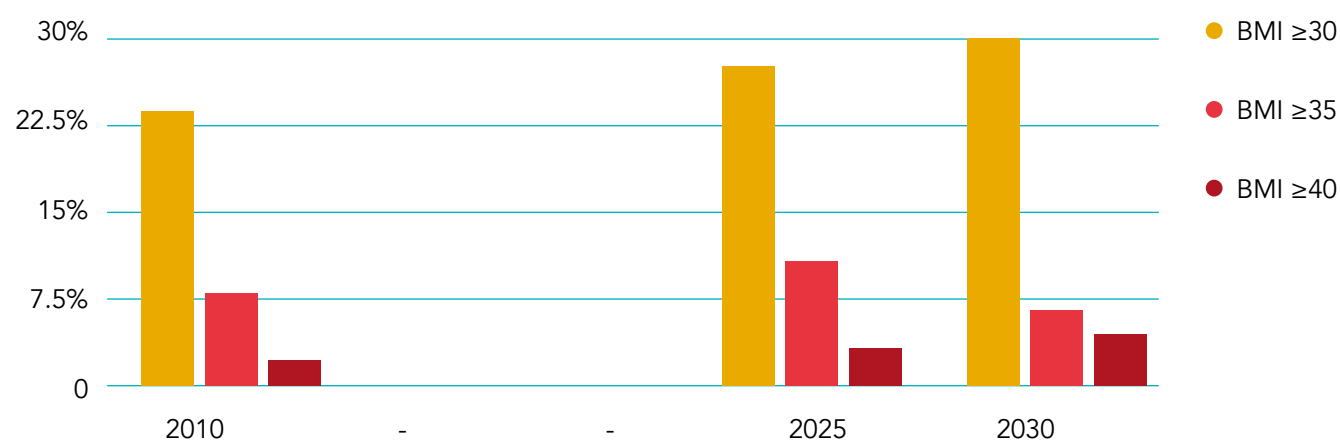
Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Figure 2.12: Prevalence of obesity in men in Europe by BMI category in 2010–2030



Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Figure 2.13: Prevalence of obesity in women in Europe by BMI category in 2010–2030



Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Table 2.11: Countries in the European region with the highest and lowest estimated prevalence of obesity amongst women by 2030

10 Highest countries		10 Lowest countries	
Country	Prevalence 2030	Country	Prevalence 2030
Turkey	50%	Denmark	21%
United Kingdom	37%	Switzerland	21%
Ireland	35%	Sweden	23%
Malta	33%	Bosnia and Herzegovina	23%
Azerbaijan	32%	Tajikistan	23%
Georgia	32%	Austria	23%
Lithuania	31%	Italy	24%
Belarus	31%	Iceland	24%
Greece	31%	Slovakia	24%
Croatia	31%	Estonia	24%

Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Table 2.12: Countries in the European region with the highest and lowest estimated prevalence of obesity amongst men by 2030

10 Highest countries		10 Lowest countries	
Country	Prevalence 2030	Country	Prevalence 2030
Malta	37%	Tajikistan	17%
Hungary	37%	Uzbekistan	20%
United Kingdom	37%	Kyrgyzstan	20%
Ireland	34%	Moldova	22%
Turkey	34%	Azerbaijan	23%
Bulgaria	34%	Turkmenistan	23%
Czech Republic	33%	Armenia	23%
Luxembourg	33%	Bosnia and Herzegovina	24%
Israel	33%	Russian Federation	24%
Croatia	32%	Slovenia	26%

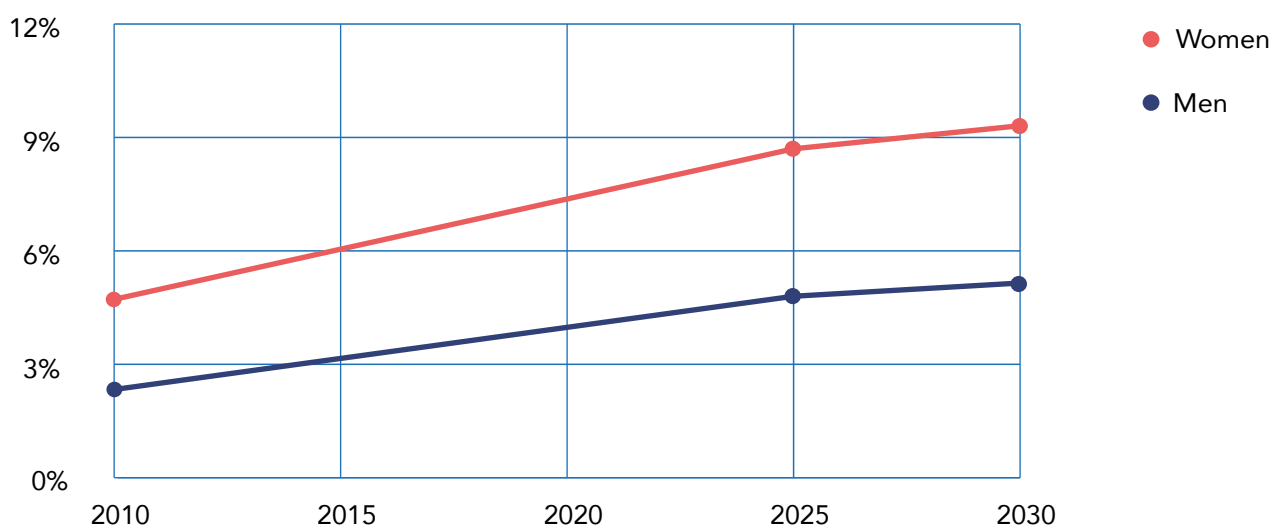
Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

SOUTH EAST ASIA

Across the South East Asian region, 1 in 20 men (5.15%) and 1 in 11 women (9.31%) are predicted to have a BMI of $\geq 30\text{kg/m}^2$ by 2030. This equates to over 39 million men and 69 million women in the region at risk of the complications of obesity by 2030. Of these, over 5 million men are predicted to have a BMI of $\geq 35\text{kg/m}^2$ and over 1 million are predicted to have a BMI of $\geq 40\text{kg/m}^2$, while 16 million women are predicted to have a BMI of $\geq 35\text{kg/m}^2$ and almost 4 million a BMI of $\geq 40\text{kg/m}^2$.

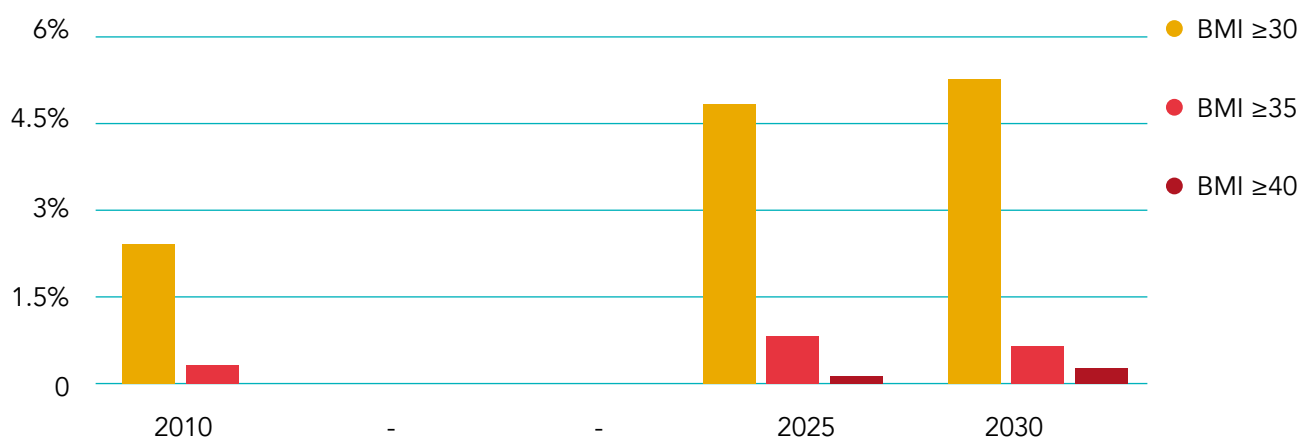
Nearly 23 million men and 38 million women had a BMI of $\geq 30\text{kg/m}^2$ in 2010, representing an almost twofold increase predicted by 2030; however, projections suggest that the rise in BMI over 40kg/m^2 between 2025 and 2030 may stall.

Figure 2.14: Prevalence of obesity (BMI $\geq 30\text{kg/m}^2$) amongst men and women in South East Asia in 2010-2030



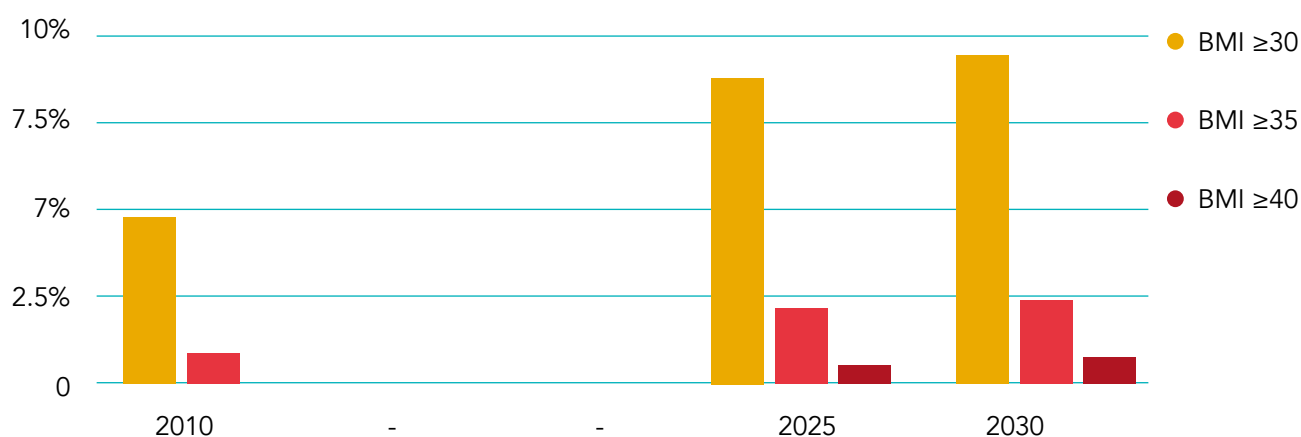
Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Figure 2.15: Prevalence of obesity in men in South East Asia by BMI category in 2010–2030



Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Figure 2.16: Prevalence of obesity in women in South East Asia by BMI category in 2010–2030



Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Table 2.13: Estimated prevalence of obesity by 2030 in South East Asia

Country	Prevalence in women	Country	Prevalence in men
Thailand	20%	Thailand	11%
Maldives	18%	Maldives	10%
Indonesia	14%	Indonesia	8%
Bhutan	13%	Bhutan	8%
Myanmar	11%	Myanmar	6%
Sri Lanka	11%	Sri Lanka	5%
Nepal	8%	India	5%
India	8%	Timor-Leste	4%
Bangladesh	8%	Nepal	4%
Timor-Leste	8%	Bangladesh	4%

Note: The South East Asian WHO region has only 10 countries so all are listed here

Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

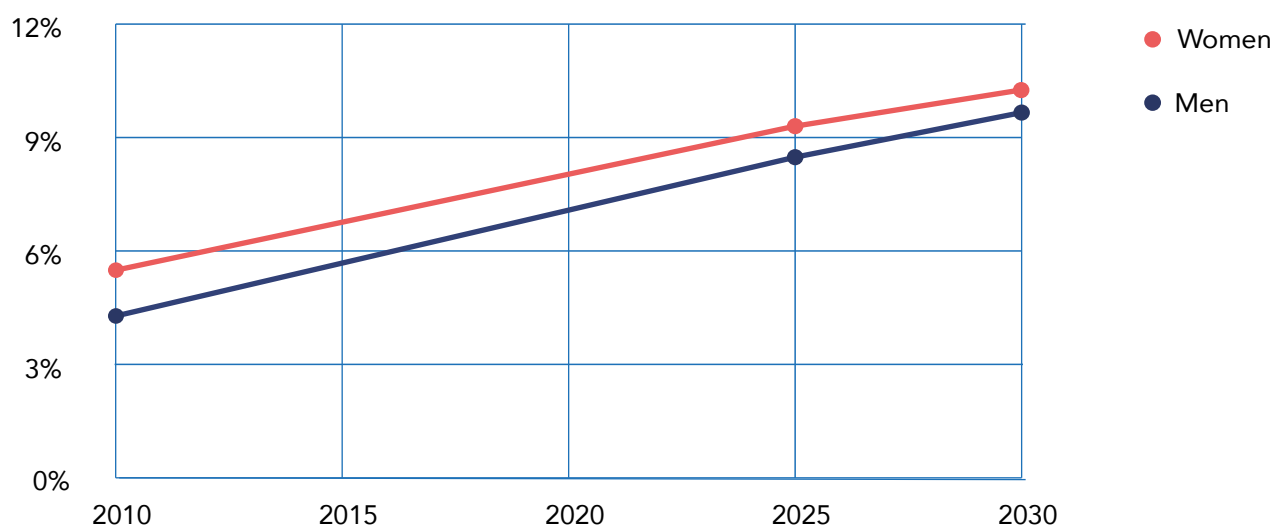
WESTERN PACIFIC

Across the Western Pacific region there is a wide range of obesity prevalence. Many of the Pacific Islands have very high levels of obesity, with approximately two-thirds of adults affected in some countries. However, the region also includes a number of countries in Asia which have very low prevalence and a high population. This diversity is not reflected in prevalence calculations for the region as a whole.

Across the Western Pacific region, around 1 in 10 men (9.66%) and 1 in 8 women (10.26%) are predicted to have a BMI of $\geq 30\text{kg/m}^2$ by 2030. This equates to over 74 million men and 78 million women in the region at risk of the complications of obesity by 2030. Of these, almost 10 million men are predicted to have a BMI of $\geq 35\text{kg/m}^2$ and over 2 million are predicted to have a BMI of $\geq 40\text{kg/m}^2$, while 15 million women are predicted to have a BMI of $\geq 35\text{kg/m}^2$ and over 3 million a BMI of $\geq 40\text{kg/m}^2$.

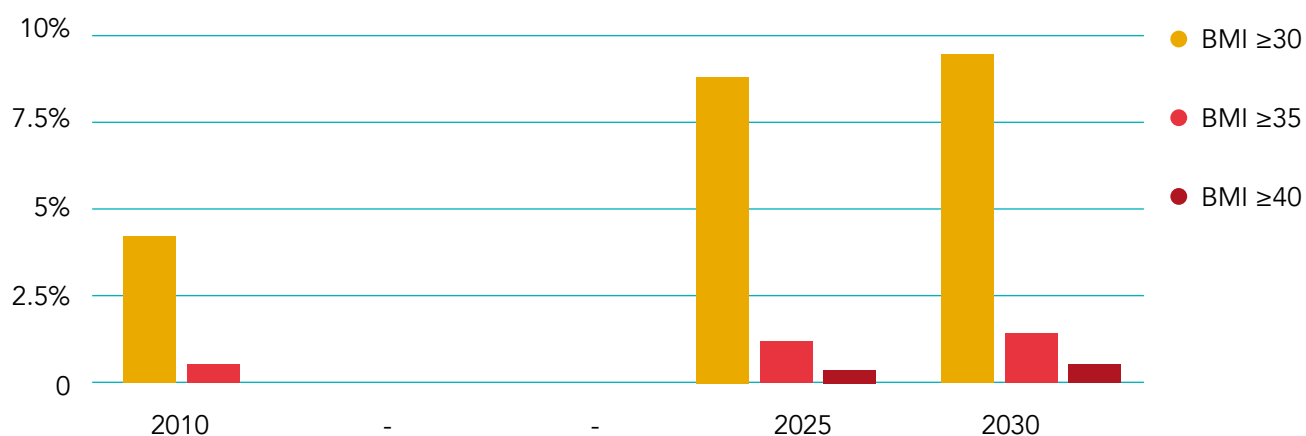
28.6 million men and 36 million women had a BMI of $\geq 30\text{kg/m}^2$ in 2010, showing a more than twofold increase projected by 2030.

Figure 2.17: Prevalence of obesity (BMI $\geq 30\text{kg/m}^2$) amongst men and women in the Western Pacific in 2010-2030



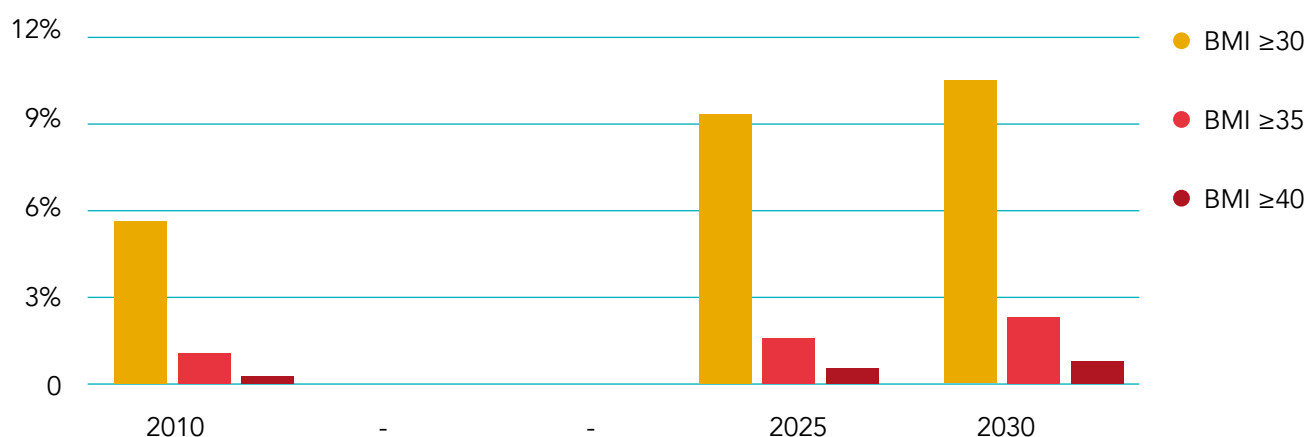
Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Figure 2.18: Prevalence of obesity in men in the Western Pacific by BMI category in 2010–2030



Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Figure 2.19: Prevalence of obesity in women in the Western Pacific by BMI category in 2010–2030



Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Table 2.14: Countries in the Western Pacific region with the highest and lowest estimated prevalence of obesity amongst women by 2030

	10 Highest countries		10 Lowest countries
Country	Prevalence 2030	Country	Prevalence 2030
American Samoa	69%	Vietnam	4%
Cook Islands	69%	Japan	5%
Nauru	68%	South Korea	6%
Palau	68%	Cambodia	7%
Tuvalu	67%	Singapore	8%
Niue	66%	China	10%
Marshall Islands	65%	Lao PDR	11%
Samoa	65%	Philippines	11%
Tonga	65%	China (Hong Kong SAR)	12%
French Polynesia	64%	Brunei Darussalam	22%

Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Table 2.15: Countries in the Western Pacific region with the highest and lowest estimated prevalence of obesity amongst men by 2030

10 Highest countries		10 Lowest countries	
Country	Prevalence 2030	Country	Prevalence 2030
Nauru	67%	Vietnam	3%
Cook Islands	66%	Cambodia	4%
American Samoa	66%	Lao PDR	6%
Palau	65%	South Korea	6%
Tuvalu	61%	Japan	8%
Marshall Islands	60%	Philippines	8%
Niue	58%	Singapore	8%
French Polynesia	58%	China	10%
Tokelau	54%	China (Hong Kong SAR)	15%
Kiribati	54%	Brunei Darussalam	19%

Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Stigma

People living with overweight and obesity are often subjected to weight stigma. It includes the negative social stereotypes and misconceptions surrounding people with overweight and obesity and is a harmful manifestation of social inequity.

Stigma includes a range of negative behaviours and attitudes that are directed towards individuals solely because of their weight and/or body size. In a survey conducted by World Obesity in 2020 of more than 400 people living with obesity from 52 countries, 39% of respondents identified family and personal life and 37% identified professional environments as places where stigma might be experienced. Furthermore, 80% of the respondents reported that they felt the way we talk about obesity contributes to stigma. Changing the way we talk about obesity and weight will therefore

likely play an important role in helping to reduce weight stigma.

Weight stigma is one of the most common forms of discrimination in many societies, alongside racism and sexism.¹⁴ Equally, like all forms of discrimination, injustice and exclusion, weight stigma is often experienced alongside or amplified by other prejudices. The underlying causes are rooted in a widespread misunderstanding about the drivers of obesity. Despite being commonly associated with diet and physical activity alone, obesity has a number of root causes including genetics, psychology, mental health, the environment, socioeconomic factors and commercial drivers. Learn more about weight stigma in our policy dossier.¹⁵

Engagement with people living with obesity

The strongest advocates for taking action to address obesity are people living with obesity themselves. Their lived experience injects unique and invaluable insights that can help to design, improve and deliver obesity programmes, policies and services that work.

In 2020, World Obesity participated in two informal WHO consultations with people living with NCDs¹⁶ and people living with diabetes,¹⁷ calling for greater engagement of people living with obesity in the global NCD agenda. These consultations led to the publication of the “Nothing for us, without us: opportunities for meaningful engagement of people living with NCDs”¹⁸ report, which outlines the participatory methods, highlights key themes that emerged from the consultations, and proposes next steps to improve the inclusion of lived experience.

Meaningful engagement helps to amplify the real needs and concerns of people living with obesity and ensures policies and services available are

non-stigmatising, sustainable and promote health equity, as well as empowering people to act on an individual, community, societal and global level.

By listening to the voices of people living with obesity, we can also ensure that health professionals tailor their care appropriately, ensuring that they provide safe and respectful services, reject blame and remove shame from the disease. To date, much policy has focused solely on prevention which, while critical, excludes the 800 million or so adults and children already living with the disease.

Lastly, we need to incorporate the rights of people living with obesity within human rights legislation, workplace discrimination legislation, healthcare systems and education.

With an increasing global prevalence of obesity, the meaningful engagement of people living with obesity can help create a louder, more collective voice calling for respect and demanding action.

Section 3:

Consequences of obesity; current estimates of the disability and deaths attributed to high BMI

Section 3: Consequences of obesity: current estimates of the disability and deaths attributed to high BMI

Overweight and obesity have significant health, societal and economic impacts. As described in section 1, obesity often results in suboptimal health, increases risk of a number of other NCDs, and can increase premature death. Obesity also impacts on mental health and wellbeing amongst those affected. Furthermore, there is evidence that people with obesity are subject to stigma and bullying, have reduced opportunities within the workplace,¹⁹ and face persistent personal or systemic barriers to educational attainment or success.²⁰

At a population level, a failure by governments to act to reduce the high prevalence of obesity in populations has high financial implications on health systems as more people require support to manage and treat obesity and co-morbidities. Prevention of obesity through government policy, as well as early intervention and treatment, is therefore vital to ensure that health services are not overwhelmed and are able to provide care to all who need it. Stigma and misunderstanding about obesity also negatively impact policy prioritisation.

Disability-adjusted life years and deaths

Disability-adjusted life years (DALYs) are a way of calculating disease burden by combining years spent in ill-health and years lost due to premature death. This is an important metric for assessing health at a population level, and helps to provide information on the impact disease has on society.

Here we present DALYs and deaths from NCDs which are attributed to high BMI, published by the Institute for Health Metrics and Evaluation (IHME) as part of the Global Burden of Disease report in 2019.²¹ We present both the global data and data per region

The data show that a fifth of preventable DALYs from NCDs can be attributed to high BMI, demonstrating that high BMI is a leading risk factor for NCDs. Unless action is taken on obesity, countries risk failing to meet other NCD targets, as well as those for obesity. Addressing obesity through policies focused on single issues or single sectors will not work, and we now need comprehensive action to both prevent obesity and to manage and treat existing obesity. Providing people living with obesity with treatment for obesity can help manage coexisting NCDs.

Table 3.0: Estimated global DALYs and deaths in 2019 attributed to high BMI, and as a proportion of all preventable NCDs

	Global DALYs	Global deaths
Attributed to high BMI	N = 160m, equivalent to 2,070 per 100,000	N = 5m equivalent to 64 per 100,000
Proportion of all preventable NCDs	21.5%	18.0%

Source: Institute for Health Metrics and Evaluation (2020)

The following table shows that the highest BMI-related DALYs and deaths per 100k population due to NCDs are found in higher income countries and in the European Region. The greatest proportion of DALYs and deaths that result from high BMI can be found in the Eastern Mediterranean region and in higher income countries. In addition, the largest numbers of BMI-related DALYs and deaths are in middle-income countries and in regions with large populations, except Africa where obesity prevalence currently remains low, although on the rise.

Table 3.1: DALYs and deaths per 100k resulting from high BMI, by WHO and World Bank region

	High BMI DALYs/100k	BMI DALYS as % of preventable NCD DALYs	High BMI deaths/100k	BMI deaths as % of preventable NCD deaths
African Region	1,120	23.0	33	22.2
Region of the Americas	3,008	29.0	93	25.1
European Region	3,486	25.2	134	21.8
Eastern Mediterranean Region	2,470	31.6	72	28.6
South East Asia Region	1,665	18.2	46	14.7
Western Pacific Region	1,710	15.4	53	11.7
World Bank Low-income	924	17.3	26	16.0
World Bank Lower Middle-Income	1,816	21.0	52	18.1
World Bank Upper Middle-Income	2,393	21.5	77	17.4
World Bank High-income	2,712	23.7	94	19.5
Global	2,071	21.5	65	18.0

Source: Institute for Health Metrics and Evaluation (2020) and World Obesity Federation

AFRICA

In the African region, almost a quarter of preventable NCD DALYs (23%) and deaths (22%) are attributed to high BMI. This is of particular concern, as the region is experiencing one of the biggest rises in BMI, and therefore the impact is expected to increase over the coming years. In addition, the region faces significant challenges associated with the double burden of malnutrition. Prevention, where possible, is particularly important here to ensure that health systems, which are already ill-equipped, are not further overstretched.

Table 3.2: Top 10 countries for NCD DALYs per 100,000 population that result from high BMI in the African region

Country	DALYs per 100,000 population
Mauritius	5,599
Eswatini	3,445
Lesotho	3,388
Seychelles	3,344
South Africa	3,032
Botswana	2,950
Algeria	2,812
Gabon	2,443
Congo	2,036
Namibia	1,922

Source: *Institute for Health Metrics and Evaluation (2020) and World Obesity Federation*

AMERICAS

In the Americas region, almost a third of preventable NCD DALYs (29%) and a quarter of deaths (25.1%) result from high BMI.

Table 3.3: Top 10 countries for NCD DALYs per 100,000 that result from BMI in the Americas region

Country	DALYs per 100,000 population
United States Virgin Islands	6,858
Trinidad and Tobago	6,013
Guyana	5,045
Puerto Rico	5,007
Saint Vincent and the Grenadines	4,649
Barbados	4,532
Grenada	4,139
Bahamas	4,091
Suriname	4,078
Saint Lucia	4,078

Source: *Institute for Health Metrics and Evaluation (2020) and World Obesity Federation*

EASTERN MEDITERRANEAN

In the Eastern Mediterranean region, almost a third of preventable NCD DALYs (31.6%) and more than a quarter of deaths (28.6%) result from high BMI.

Table 3.4: Top 10 countries for NCD DALYs per 100,000 that result from BMI in the Eastern Mediterranean region

Country	DALYs per 100,000 population
Egypt	4,257
United Arab Emirates	4,038
Syrian Arab Republic	3,624
Morocco	3,606
Lebanon	3,514
Bahrain	3,395
Libya	3,346
Saudi Arabia	3,313
Tunisia	3,233
Iraq	2,936

Source: Institute for Health Metrics and Evaluation (2020) and World Obesity Federation

EUROPE

A quarter of DALYs (25.2%) and a fifth of deaths (21.8%) across the European region result from high BMI

Table 3.5: Top 10 countries for NCD DALYs per 100,000 that result from BMI in the European region

Country	DALYs per 100,000 population
Bulgaria	7,974
Ukraine	6,586
North Macedonia	5,916
Georgia	5,783
Serbia	5,587
Montenegro	5,408
Hungary	5,359
Romania	5,354
Latvia	5,260
Belarus	5,073

Source: Institute for Health Metrics and Evaluation (2020) and World Obesity Federation

SOUTH EAST ASIA

Almost a fifth of preventable NCD DALYs (18.2%) and 1 in 6 deaths in South East Asian region (14.7%) result from high BMI. With rapidly increasing prevalence, this is expected to rise.

Table 3.6: NCD DALYs per 100,000 that result from BMI in the South East Asian region

Country	DALYs per 100,000 population
Indonesia	2,701
Sri Lanka	2,443
Thailand	2,311
Myanmar	2,038
India	1,511
Bhutan	1,409
Nepal	1,079
Bangladesh	1,031
Maldives	964
Timor-Leste	680

Note: The South East Asian WHO region has only 10 countries so all are listed here.

Source: *Institute for Health Metrics and Evaluation (2020) and World Obesity Federation*

WESTERN PACIFIC

One in ten preventable NCD DALYs (15.4%) and deaths (11.7%) in the Western Pacific region results from high BMI.

Table 3.7: Top 10 countries for NCD DALYs per 100,000 that result from BMI in the Western Pacific region

Country	DALYs per 100,000 population
Fiji	8,841
Kiribati	7,675
Solomon Islands	6,023
Samoa	4,891
Guam	4,597
Vanuatu	4,374
Tonga	4,046
Mongolia	3,643
Malaysia	2,274
New Zealand	2,198

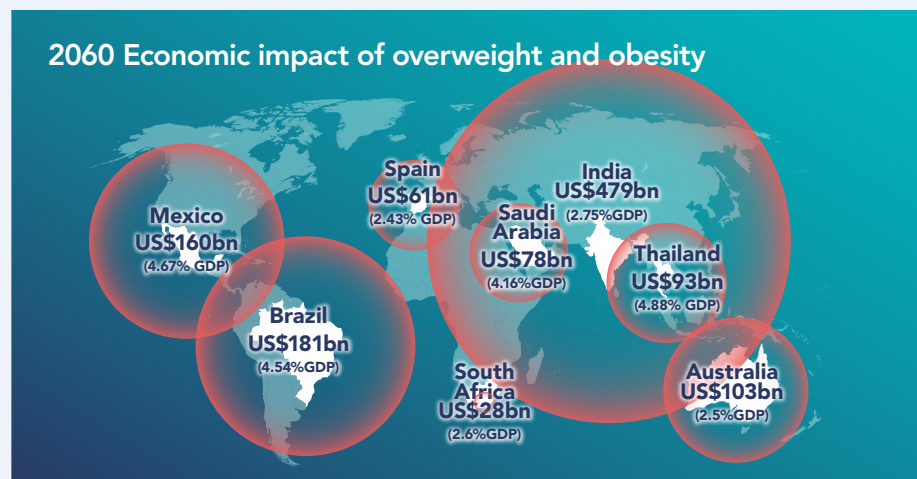
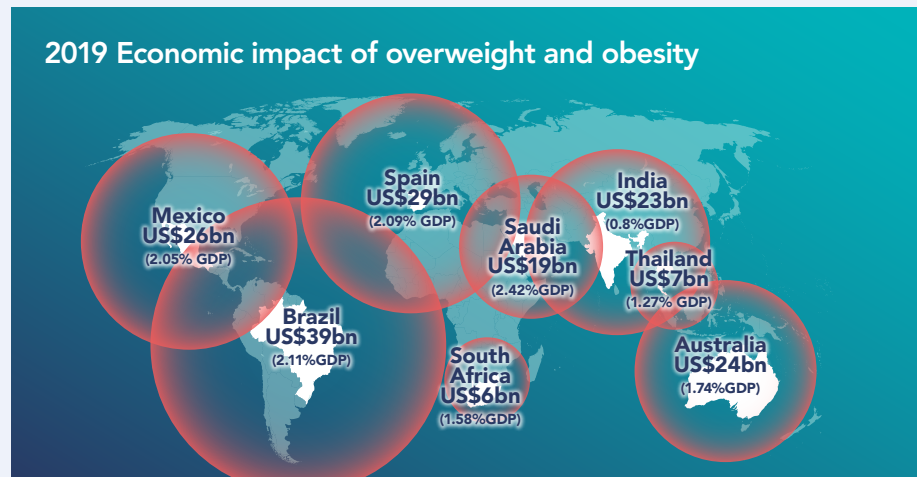
Source: *Institute for Health Metrics and Evaluation (2020) and World Obesity Federation*

Economic impact

Measuring the economic impact of obesity, and indeed all NCDs, can indicate the cost impact of failing to tackle the disease and the benefits of interventions to reduce prevalence. To date, much of the research on the economic impact of obesity has been limited to studies from high-income countries. We now know that the economic impact of overweight and obesity is substantial irrespective of income level and geographic context.²² We also know that this impact is projected to increase.

Calculation of economic impact often considers both direct and indirect 'costs'. Direct costs include the medical costs associated with treating

obesity and its health consequences and the non-medical costs incurred during the process of seeking care (such as travel to appointments and caregiver costs). Indirect costs consider the impact of productivity losses and reduction in human capital from ill health and premature mortality. Differences in economic impact between countries can be explained by several factors, including the strength of health systems, employment rates and national health expenditure. For most countries, however, the economic impact is projected to increase substantially as a result of increases in the numbers of people with overweight and obesity.



Section 4:

The Obesity-NCD Preparedness Ranking

Section 4: The Obesity- NCD Preparedness Ranking

With the rise in obesity affecting virtually every country, governments need to ensure that people living with obesity have access to appropriate health services to support weight management and the management of co-morbidities. As described in the previous section, a large number of DALYs and deaths can be attributable to high BMI.

Section 2 showed that the prevalence of obesity is increasing at all BMI cut-offs in all regions of the world, and that by 2030 more than 100 million adults worldwide are at risk of having a BMI of 40kg/m² or over. We need health systems that recognise obesity as a disease, ensure equitable universal health coverage, provide adequate primary healthcare, and are backed by prevention policies reduce obesogenic environments and address the social and commercial determinants of health. Health services need facilities designed for people living with obesity, and they need trained health professionals and ancillary staff who understand obesity and the issues of stigma and weight bias, in order to promote good patient relations and treatment adherence.

As this Atlas shows, some of the most rapid increases in obesity prevalence are occurring in middle-income countries. In these countries, health service budgets may be unable to cover advanced forms of obesity treatment, such as bariatric surgery, for sufficient numbers of people affected. This reinforces the rationale for a comprehensive approach to managing and treating obesity, including adequate primary care facilities to provide weight management services with multidisciplinary teams. It also strengthens the need for policies and practical action plans to prevent obesity at three levels: to prevent the development of obesity amongst people with overweight, to prevent the development of severe forms of obesity among people with obesity, and to prevent the development of consequential diseases, such as type II diabetes, cardiovascular diseases and certain cancers.

Obesity-NCD Preparedness Ranking

There are no robust measures of national capacity or capability to provide treatment for obesity or primary care weight management services, and there are few indicators available showing success in obesity reduction measures through prevention policies. In the present Atlas, the World Obesity Federation has developed a proxy measure for a country's preparedness for the high levels of obesity it may face, using available evidence of a country's health systems regarding relevant NCDs. The proxy measure is a composite metric to encompass indicators for national health service coverage, and in particular for NCDs: primarily diabetes, cardiovascular disease and cancer. This we have termed the 'Obesity-NCD Preparedness Ranking'.

The Obesity-NCD Preparedness Ranking draws on available data for 183 countries across four components: (i) estimates of effective universal health coverage (UHC); (ii) premature deaths due to NCDs as a proportion of all NCD deaths; (iii) nationally reported availability of care for obesity-related NCDs; and (iv) the presence of national policies to tackle NCDs and NCD-related risk factors. Countries were ranked from lowest (best) to highest (worst) across each of these four components, and an average score was taken for each country to give it its overall preparedness ranking. Appendix 1 in the present Atlas provides more information on the source data and ranking methods.

Readers should bear in mind that the Obesity-NCD Preparedness Rankings are *rankings*, and are therefore primarily useful for comparing one country with another; a country with a rank of 1 does not imply ideal preparedness, only that the country is better prepared than a country with a rank of 2 or more. Readers should also note that the scores do not take account of the current level of obesity in a country or the prevailing rate of increase in obesity prevalence,

and therefore does not account for the degree to which a country needs to strengthen its preparedness. The score also does not take into consideration the direct impact of obesity, and the wider health consequences that many people living with obesity are affected by.

Obesity-NCD preparedness

The Obesity-NCD Preparedness Rankings are shown for each country in the country scorecards later in the present Atlas, and the most and least well-prepared countries are listed in the tables below. It is clear that the preparedness ranks are not distributed uniformly around the globe but vary markedly across national income levels and across geographical regions. Unsurprisingly, health services in low- and middle-income countries are least prepared to treat obesity, a deeply concerning fact given how many people in middle-income lower- and middle-income countries live with obesity currently, and are predicted to require such services.

There are significant differences in average preparedness among WHO and World Bank regions. The WHO European region appears best-equipped, with a population-weighted average preparedness score of 37.07, but even within this region there is some variability (see tables below), with several countries in the region (notably Kyrgyzstan, Azerbaijan, Uzbekistan, Tajikistan and Turkmenistan) having a worse ranking score than the global population-weighted average rank of 87.0. Across all regions, there is a general trend that higher-income countries within a region are better prepared than lower-income countries.

Table 4.0: Country preparedness, by country income group and region

Region	Population-weighted average rank (out of 183)
AFR	150.2
AMR	64.5
EMR	121.8
EUR	37.0
SEAR	105.0
WPR	53.5
Low-income	153.6
Lower-middle-income	116.3
Upper-middle-income	57.7
High-income	29.3
World	87.0

AFRICA

Many countries in the African region score poorly in the global rankings, with only Algeria, Seychelles and Mauritius scoring better than the global average. The sub-region of Western Africa appears to be the least well-prepared.

Table 4.1: Most and least prepared countries in the African region

Least prepared countries		Most prepared countries	
	Global ranking		Global ranking
Sierra Leone	169.0	Algeria	61.0
Mali	170.5	Seychelles	73.0
Gambia	174.0	Mauritius	82.0
Togo	175.0	Namibia	102.0
Burundi	176.0	United Republic of Tanzania	104.0
Guinea-Bissau	177.0	Cabo Verde	105.0
Burkina Faso	178.0	Botswana	111.0
Central African Republic	179.0	Rwanda	112.0
Nigeria	180.0	South Africa	114.0
Niger	183.0	Senegal	118.0

Source: World Obesity Federation, calculated from multiple metrics (see Appendix 1)

AMERICAS

The Americas region has a wide spread of preparedness scores, with Canada being the most prepared and Haiti the least prepared. The United States' score of 41 indicates that, globally, 40 other countries are better prepared. The USA scores poorly on public availability of health services and on action plans for obesity-NCD prevention.

Table 4.2: Most and least prepared countries in the Americas region

Least prepared countries		Most prepared countries	
	Global ranking		Global ranking
Saint Vincent and the Grenadines	96.0	Canada	26.0
El Salvador	98.0	Cuba	33.0
Suriname	106.0	Chile	36.5
Belize	115.0	United States of America	41.0
Grenada	117.0	Uruguay	42.0
Bolivia (Plurinational State of)	123.5	Barbados	50.5
Guyana	123.5	Trinidad and Tobago	63.0
Honduras	125.0	Peru	65.0
Guatemala	128.0	Jamaica	66.0
Haiti	149.0	Brazil	67.0

Source: World Obesity Federation, calculated from multiple metrics (see Appendix 1)

EASTERN MEDITERRANEAN

The Eastern Mediterranean region includes countries with a wide range of incomes and a wide range of obesity-NCD preparedness, with Iran and Oman coming out as the most prepared, and Somalia and Pakistan the least.

Table 4.3: Most and least prepared countries in the Eastern Mediterranean region

Least prepared countries		Most prepared countries	
	Global ranking		Global ranking
United Arab Emirates	92.0	Iran (Islamic Republic of)	45.0
Iraq	95.0	Oman	49.0
Libya	97.0	Lebanon	52.0
Saudi Arabia	100.0	Bahrain	54.0
Egypt	103.0	Qatar	62.0
Sudan	120.0	Tunisia	64.0
Djibouti	151.0	Jordan	68.0
Yemen	162.0	Kuwait	72.0
Afghanistan	170.5	Syrian Arab Republic	83.0
Pakistan	172.0	Morocco	89.0
Somalia	181.0		

Source: World Obesity Federation, calculated from multiple metrics (see Appendix 1)

EUROPE

The 15 most well-prepared countries globally are in the WHO European region, and the majority of countries in the region are better prepared than the global average. Five countries in the region are less well-prepared than the global average, and are all in Central Asia.

Table 4.4: Most and least prepared countries in the European region

Least prepared countries		Most prepared countries	
	Global ranking		Global ranking
Serbia	60	Switzerland	1
Georgia	74	Finland	2.5
Republic of Moldova	77	Norway	2.5
Ukraine	79	Iceland	4
Romania	80	Sweden	5
Kyrgyzstan	93	France	6
Azerbaijan	101	United Kingdom	7
Uzbekistan	121	Portugal	8
Tajikistan	126	Ireland	9
Turkmenistan	126	Belgium	10

Source: World Obesity Federation, calculated from multiple metrics (see Appendix 1)

SOUTH EAST ASIA

Only two countries in South East Asia score better than the global average; however, countries in this region have the fastest-rising prevalence of obesity globally.

Table 4.5: Country preparedness in South East Asia

All countries in South East Asia from most to least prepared	
SEAR	Global ranking
Maldives	39.0
Sri Lanka	40.0
Thailand	85.5
India	99.0
Bangladesh	107.5
Bhutan	113.0
Indonesia	131.0
Timor-Leste	132.0
Nepal	139.0
Myanmar	141.0

Note: The South East Asian WHO region has only 11 countries so all are listed here.

Source: World Obesity Federation, calculated from multiple metrics (see Appendix 1)

WESTERN PACIFIC

The Western Pacific region includes some of the poorest scoring countries worldwide. Particularly poorly scoring are the Pacific Islands, which also have some of the highest obesity prevalence levels globally.

Table 4.6: Most and least prepared countries in the Western Pacific region

Least prepared countries in WPR region		Most prepared countries in WPR region	
	Global ranking		Global ranking
Samoa	110.0	Republic of Korea	17.0
Mongolia	116.0	New Zealand	19.0
Philippines	119.0	Japan	20.0
Fiji	134.0	Australia	24.0
Cambodia	135.0	China	47.0
Micronesia (Federated States of)	144.0	Malaysia	55.0
Solomon Islands	152.0	Brunei Darussalam	57.0
Lao People's Democratic Republic	156.0	Singapore	71.0
Kiribati	168.0	Vietnam	107.5
Vanuatu	173.0	Tonga	109.0
Papua New Guinea	182.0		

Source: World Obesity Federation, calculated from multiple metrics (see Appendix 1)

We acknowledge that many countries globally, particularly low- and middle- income countries, do not have health service infrastructure which is capable of addressing obesity. This is of concern as it is where the greatest numbers of people are living with obesity, and where obesity prevalence – including severe obesity prevalence – is rising most rapidly. For

this reason, especially while levels of obesity are still relatively low, prevention and primary healthcare are vital for ensuring that countries do not overwhelm their already struggling health systems. Primary healthcare has a lot of potential to support people with obesity and to support the screening of those at high risk.

Clinical care for obesity: a review of 68 countries

United Nations member states have committed to (i) ensure no one suffers financial hardship because they have to pay for healthcare out of their own pockets, (ii) implement high-impact health interventions to combat disease, (iii) protect women's and children's health, (iv) strengthen the health workforce and infrastructure, and (v) reinforce governance capacity to deliver these objectives.

A review²³ of clinical services for treating obesity in 68 low-, middle-, and high-income countries found that there is a lack of adequate services in the majority of countries, especially in lower-income countries, and in rural areas of most countries. The review was based on interviews with 274 healthcare professionals conducted in 2019.

Across the countries, lack of treatment was most often attributed to a lack of obesity care pathways beyond primary healthcare; an absence of multi-disciplinary services and appropriately trained professionals; high costs to patients; the prevailing obesogenic environment; and stigma experienced by patients within the healthcare services.

Obesity treatment was reported to be difficult to access. For those seeking treatment, the most

common route into the health system was via the primary care physician, showing the importance of investing in primary care as part of a robust obesity strategy. Once in the system, however, the review found that a failure to obtain or maintain treatment was typically due to a lack of clear care pathways, indicating that the principle of comprehensive obesity treatment must span the entire health system.

In the survey of 68 countries, the respondents reported a lack of political prioritisation for obesity and the lack of training for healthcare professionals as additional barriers to treatment. The review²⁴ concluded that this was partly explained by a lack of recognition of obesity as a disease in its own right by government authorities, healthcare providers and funding agencies. Although not a prerequisite to appropriate action, recognising that obesity is a chronic, progressive disease is likely to garner the political action needed for a fully funded, comprehensive healthcare system that provides the standard of care needed to support people living with obesity while also dismantling the myth that obesity is a matter of personal failure or weakness.

Section 5: Protecting future generations

Section 5: Protecting future generations

Children living with obesity are more likely to have poorer health in childhood including hypertension and metabolic disorders. Often, childhood obesity is carried through into adulthood, increasing the risk of obesity and cardiovascular disease.²⁵ Childhood obesity also has mental health consequences that lead to lower levels of self-esteem, higher likelihood of being bullied, poorer school attendance levels and poorer school achievements. It is also a risk factor for poor psychosocial outcomes, in part mediated by external and internal weight bias and obesity stigma. Preventing and treating childhood obesity therefore provides a unique opportunity to halt a course to poor health in later life. There are also notable socioeconomic inequalities in childhood obesity: in developed economies, children who are socioeconomically disadvantaged are at greater risk of developing overweight,²⁶ while in lower-income economies, children from middle- or higher-income population groups tend to have a higher risk of overweight.²⁷

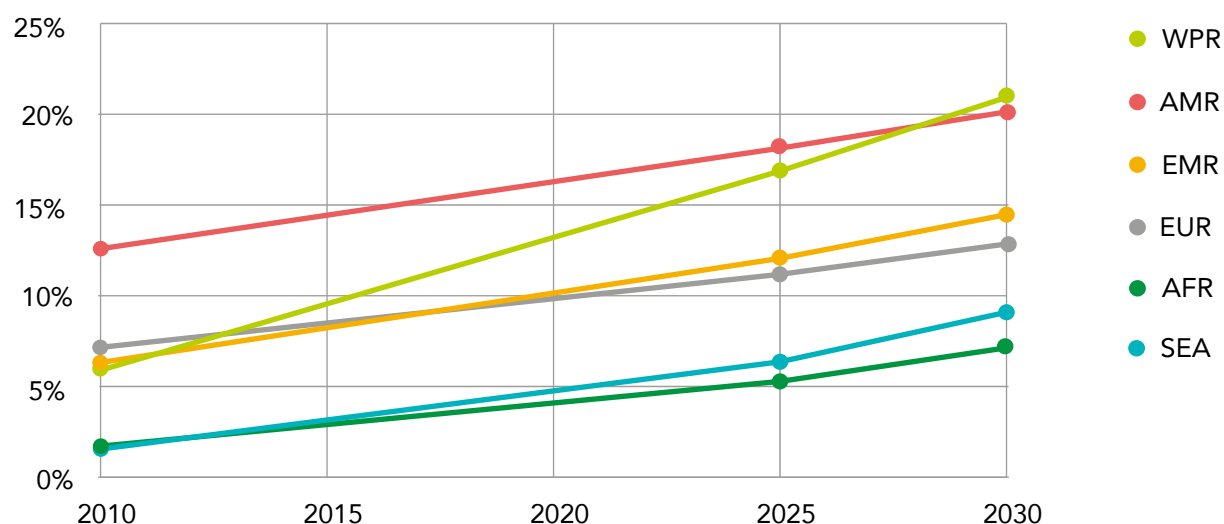
In 2019, World Obesity published an Atlas on childhood obesity, presenting projections for childhood obesity in 2030. Obesity is projected to affect over 100 million children aged 5-9 and over 150 million adolescents aged 10-19 worldwide by 2030. This represents almost 1 in 8 (12.91%) of all children and adolescents globally.^{28,29} The Atlas

showed that, despite a commitment to halt the rise in childhood obesity, no region was expected to meet the WHO targets and no country had a greater than 50% chance of halting the rise in childhood obesity from 2010 levels.³⁰ In this section we revisit some of these figures, with a particular focus on regional data.

Global prevalence of childhood obesity

The highest prevalence of childhood obesity can be found in the Western Pacific region, which also has the highest number of children with obesity. South East Asia, despite having relatively low childhood obesity levels compared to other regions, is projected to have nearly 20 million children aged 5-9 and over 25 million children aged 10-19 affected by obesity by 2030. Overall, the rise is predicted to be greater in the older age group, with the Middle East and Western Pacific regions likely to experience almost a doubling in numbers by 2030. In many cases, the countries with the highest prevalence of obesity are not the same as the countries with the highest numbers of children with obesity. This has implications for the countries which would most benefit from strong preventative policies, as well as strong healthcare services now and in the future.

Figure 5.0: Prevalence of obesity amongst children (5-19 years) globally in 2010–2030



Source: NCD Risk Factor Collaboration

Table 5.0: Obesity prevalence and numbers amongst children aged 5-9 years and 10-19 years in 2020 and 2030, by WHO region

Children 5-9y	2020	2020	2030	2030
	%	No.	%	No.
AFR	5%	7m	9%	16m
AMR	19%	14mm	23%	17m
EMR	12%	10m	15%	13m
EUR	13%	7m	16%	9m
SEA	6%	10m	12%	20m
WPR	18%	22m	27%	29m
World	11%	71m	15%	103m

Children 10-19y	2020	2020	2030	2030
	%	No.	%	No.
AFR	3%	8m	6%	20m
AMR	15%	22m	19%	27m
EMR	8%	12m	13%	22m
EUR	8%	9m	11%	13m
SEA	3%	12m	8%	25m
WPR	10%	24m	18%	43m
World	7%	86m	11%	150m

Source: NCD Risk Factor Collaboration, UN Population Division and World Obesity Federation projections

Looking at data by income level provides additional insight on where childhood obesity is most prevalent. Projections show that across all age groups, the highest prevalence of childhood obesity can be found in upper-middle-income countries, and the greatest number of children affected by obesity is also seen across middle-income countries. Over 80 million children aged 5-9 and over 110 million children aged 10-19 from middle-income countries are expected to be affected by obesity by 2030.

The biggest increase between 2020 and 2030 is likely to be seen in LMICs, where the number of children with obesity will more than double during this decade.

Table 5.1: Obesity in children aged 5-9 in 2020 and 2030, organised by World Bank income group

World Bank classification	Children 5-9y obesity prevalence 2020	Children 5-9y number with obesity 2020	Children 5-9y obesity prevalence 2030	Children 5-9y number with obesity 2030
Low-income	5%	4m	9%	9m
Lower-middle-income	7%	23m	12%	39m
Upper-middle-income	19%	33m	27%	42m
High-income	17%	11m	20%	12m
World*	11%	72m	16%	104m

Source: NCD Risk Factor Collaboration, UN Population Division and World Obesity Federation projections

* Several extra countries are included in the World Bank listings compared with the World Health Organization.

Table 5.2: Obesity in children aged 10-19 in 2020 and 2030, organised by World Bank income group

World Bank classification	Children 10-19y obesity prevalence 2020	Children 10-19y number with obesity 2020	Children 10-19y obesity prevalence 2030	Children 10-19y number with obesity 2030
Low-income	3%	4m	6%	11m
Lower middle-income	4%	25m	8%	53m
Upper middle-income	12%	39m	19%	65m
High-income	13%	18m	16%	21m
World	7%	87m	11%	151m

Source: NCD Risk Factor Collaboration, UN Population Division and World Obesity Federation projections

AFRICA

Across the African region, 8.82% of children aged 5-9 and 6.28% of adolescents aged 10-19 are predicted to be affected by obesity by 2030, totalling 35 million children and adolescents aged 5-19 across the region.

By 2030, five countries in the African region are projected to have over 1 million children aged 5-19 living with obesity, including Nigeria (5.6 million), Algeria (3 million), Democratic Republic of the Congo (2.9 million), Tanzania (2.1 million), Ethiopia (2.1 million), Kenya (1.4 million), Angola (1.2 million) and Uganda (1.2 million).

Table 5.3: 2030 projections for child obesity (5-19 years), highest and lowest in Africa

10 Highest countries		10 Lowest countries	
Country	Prevalence 2030	Country	Prevalence 2030
South Africa	27%	Ethiopia	4%
Algeria	21%	Chad	4%
Seychelles	19%	Senegal	4%
Eswatini	16%	Burkina Faso	4%
Namibia	15%	Liberia	5%
Botswana	14%	Niger	5%
Lesotho	14%	Guinea	5%
Zimbabwe	10%	Ghana	5%
Mauritius	10%	Uganda	5%
Mauritania	8%	Congo	5%

Source: NCD Risk Factor Collaboration

AMERICAS

Across the Americas region, 23.12% of children aged 5-9 and 18.60% of adolescents aged 10-19 are predicted to be affected by obesity by 2030, totalling 44 million children and adolescents aged 5-19 across the region.

Seven countries in the region are predicted to have over 1 million children with obesity by 2030, including Brazil (7.7 million), Mexico (6.8 million), Argentina (2.5 million), Venezuela (1.4 million), Colombia (1.3 million), Guatemala (1.1 million), and Peru (1.1 million).

Table 5.4: 2030 projections for child obesity (5-19 years), highest and lowest in the Americas

10 Highest countries		10 Lowest countries	
Country	Prevalence 2030	Country	Prevalence 2030
USA	25%	Colombia	12%
Dominican Republic	24%	Peru	13%
Bermuda	24%	Bolivia	15%
Puerto Rico	24%	Ecuador	16%
Bahamas	23%	Canada	16%
Dominica	23%	Panama	17%
Argentina	22%	Saint Lucia	17%
Saint Kitts and Nevis	22%	Cuba	17%
Jamaica	22%	Guatemala	17%
Barbados	22%	Honduras	17%

Source: NCD Risk Factor Collaboration

EASTERN MEDITERRANEAN

Across the Eastern Mediterranean region, 14.69% of children aged 5-9 and 13.08% of adolescents aged 10-19 are predicted to be affected by obesity by 2030, totalling more than 36 million children and adolescents aged 5-19 across the region.

Ten countries in the region will have over 1 million children with obesity by 2030: Egypt (9.3 million), Pakistan (6.9 million), Iraq (3.4 million), Iran (3.3 million), Saudi Arabia (2.1 million), Yemen (1.8 million), Morocco (1.7 million), Afghanistan (1.5 million), Syria (1.5 million), and Sudan (1.4 million).

Table 5.5: 2030 projections for child obesity (5-19 years), highest and lowest across the Eastern Mediterranean

10 Highest countries		10 Lowest countries	
Country	Prevalence 2030	Country	Prevalence 2030
Kuwait	27%	Sudan	7%
Egypt	25%	Somalia	8%
Qatar	24%	Pakistan	9%
Saudi Arabia	24%	Djibouti	9%
United Arab Emirates	23%	Afghanistan	9%
Bahrain	23%	Tunisia Yemen	15%
Oman	22%	Yemen	15%
Iraq	21%	Iran	15%
Libya	20%	Morocco	18%
Palestine	20%	Jordan	18%

Source: NCD Risk Factor Collaboration

EUROPE

Across the European region, 16.2% of children aged 5-9 and 11.13% of adolescents aged 10-19 are predicted to be affected by obesity by 2030, totalling 21 million children and adolescents aged 5-19 across the region.

Six countries in the region are predicted to have over one million children with obesity in 2030, including Turkey (3.6 million), Russia (3 million), Germany (1.5 million), United Kingdom (1.3 million), France (1.3 million, and Italy (1.1 million).

Table 5.6: 2030 projections for child obesity (5-19 years), highest and lowest in Europe

10 Highest countries		10 Lowest countries	
Country	Prevalence 2030	Country	Prevalence 2030
Hungary	19%	Tajikistan	8%
Turkey	19%	Belgium	8%
Croatia	19%	Armenia	8%
Greece	18%	Denmark	8%
Bulgaria	18%	Moldova	9%
Serbia	18%	Switzerland	9%
Albania	18%	Kyrgyzstan	9%
North Macedonia	17%	Sweden	9%
Slovenia	17%	Uzbekistan	9%
Romania	16%	Turkmenistan	10%

Source: NCD Risk Factor Collaboration

SOUTH EAST ASIA

Across the South East Asian region, 12.09% of children aged 5-9 and 7.52% of adolescents aged 10-19 are predicted to be affected by obesity by 2030, totalling more than 45 million children and adolescents aged 5-19 across the region.

Half of the countries in the South East Asian region will have over 1 million children with obesity in 2030. India is predicted to have over 27 million children with obesity, representing over half of the children with obesity in the region and 1 in 10 of all children globally. Other countries exceeding one million include Indonesia (9.7 million), Bangladesh (3.5 million), Thailand (2.4 million), and Myanmar (1.4 million).

Table 5.7: 2030 projections for child obesity (5-19 years) in South East Asia

Country	Prevalence 2030
Thailand	22%
Maldives	18%
Indonesia	14%
Sri Lanka	13%
Timor-Leste	12%
Myanmar	11%
Bhutan	10%
Bangladesh	8%
India	8%
Nepal	6%

Source: NCD Risk Factor Collaboration

WESTERN PACIFIC

Across the Western Pacific region, 26.51% of children aged 5-9 and 18.06% of adolescents aged 10-19 are predicted to be affected by obesity by 2030, totalling more than 73 million children and adolescents aged 5-19 across the region.

Four countries in the Western Pacific region are predicted to have numbers of children with obesity exceeding 1 million: China (62 million), Philippines (3 million), Vietnam (2.3 million), and Malaysia (1.7 million).

Table 5.8: 2030 projections for child obesity (5-19 years), highest and lowest in the Western Pacific

10 Highest countries		10 Lowest countries	
Country	Prevalence 2030	Country	Prevalence 2030
Cook Islands	43%	Japan	4%
Niue	42%	Singapore	9%
Palau	42%	Cambodia	9%
Nauru	41%	Mongolia	9%
Tuvalu	40%	Philippines	9%
French Polynesia	39%	Vietnam	10%
Tonga	38%	Solomon Islands	11%
Tokelau	38%	South Korea	13%
Marshall Islands	37%	Lao PDR	13%
American Samoa	37%	Australia	15%

Source: NCD Risk Factor Collaboration

Childhood obesity and COVID-19

In the last two years, over 500 papers have been published concerning childhood obesity and COVID-19. Two major themes have emerged: (i) the increased vulnerability of children living with overweight, and especially obesity, to develop severe COVID-19 if they contract the virus, and (ii) the potential for COVID-19 public health measures to increase the risk of developing obesity among children.

While obesity affects some 20% of children aged 12-17 years in the USA,³¹ a survey of six hospitals reported by the US Center for Disease Control found “Approximately two thirds of patients hospitalized for COVID-19 aged 12–17 years had obesity. Compared with patients without obesity, those with obesity required higher levels and longer duration of care.”³² Another study revealed that obesity in children increased the risk of severe manifestations of COVID-19, requiring admission to a paediatric intensive care unit, by 178% (RR 2.78).³³ In a subsequent study in South Korea of nearly 40,000 children diagnosed with COVID-19, only eight required intensive care (respiratory support interventions or renal replacement therapy). Of these eight children, seven were classified as having obesity and one as overweight.³⁴

Measures taken in many countries during 2020 and 2021 showed that ‘lockdown’ measures “had a negative impact on the diets and lifestyles of children and adolescents, with a consequent increase in body weight and central fat accumulation.”³⁵ Different studies have shown that the prevalence of overweight and obesity increased by 2% to 13% in different countries across the course of the pandemic.^{36,37} Furthermore, the numbers of hours of physical activity declined significantly, while the proportion of children reporting screen time of more than five hours daily increased from 15% to 47% along with an increase in food insecurity.³⁸ Countering the obesogenic effects of the COVID-19 lockdown measures will mean investing in ensuring access to healthy diets, substantially increasing physical activity in schools and during leisure time, implementing stronger regulations to restrict the marketing of unhealthy commodities targeting children, and addressing some of the psychological factors exacerbated by lockdowns such as anxiety, stress and isolation.

Enhancing global response to childhood obesity and increasing ECHO implementation

In response to the rising rates of childhood obesity globally, the WHO Commission on Ending Childhood Obesity published a comprehensive framework for action in its report Ending Childhood Obesity (ECHO). The Commission presented its final report on 25th January 2016, in which it aimed to specify the approaches and combinations of interventions which are likely to be most effective in addressing childhood and adolescent obesity in different contexts around the world.

During its first annual Global Obesity Forum in 2019, World Obesity organised a roundtable which identified three priorities to addressing childhood obesity: overcoming barriers to implementation; including the voices of children and lived experience; and increasing coordination and convening. A year later, three high-level roundtable events led to the identification of several cross-cutting barriers to the implementation of ECHO. These included: the need to address the double- and triple-burden of malnutrition; to overcome policy inertia and a siloed approach to health interventions focused on the individual; to increase investments in obesity treatment and support the development of quality guidelines, to address the underlying social and commercial determinants of health; and to replace the prevailing stigmatising obesity narrative which frames obesity as the responsibility of the individual.

In collaboration with key stakeholders, World Obesity formulated the following

recommendations to enhance the global response to childhood obesity and increase ECHO implementation:³⁹

- Establish a monitoring and accountability framework
- Take a life-course approach
- Establish strong governance and coordination mechanisms to ensure intersectoral and multisectoral action
- Ensure a 'whole of government', cross-departmental approach to action on obesity
- Increase investments in obesity prevention and treatment as a cost-effective strategy to ensure the health of individuals, families and society, and to ensure the sustainability of the health system
- Incorporate the rights of children with obesity within human rights legislation, healthcare and education systems, and ensure that legislative tools are used effectively to eliminate the pervasive and unacceptable stigma, discrimination and bullying
- Ensure that policies and interventions to address childhood obesity are coherent, comprehensive and include all environments. National plans should also include actions that address inequalities and stigma faced by children living with obesity across different settings

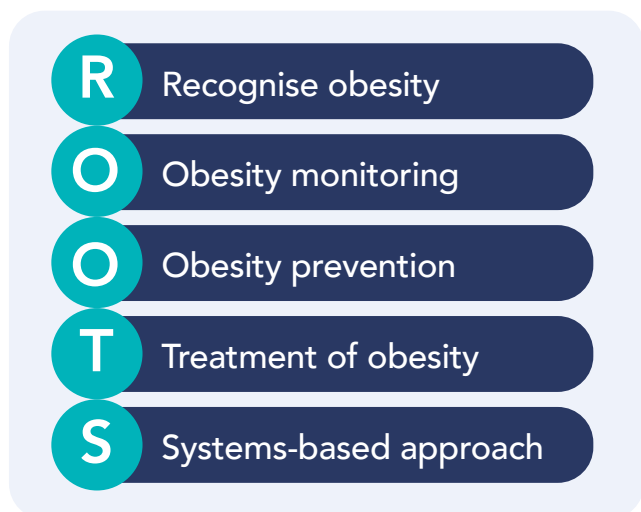
Section 6:

Taking action

– the ROOTS

Framework

Section 6: Taking action – the ROOTS Framework



As highlighted throughout this report, the number of people with obesity – and without adequate care – continues to rise. At present, obesity is commonly addressed in a siloed and fragmented way and is underprioritised within global health and NCD strategies where it is often considered just a risk factor rather than a disease in its own right. Efforts to address obesity are often jeopardised by persistent misunderstanding of, underinvestment in, and even bias against obesity and those affected by it. Success in obesity policy requires the implementation of a people-centred, comprehensive policy package covering prevention and treatment, across the life course.

In 2021, the WHO produced a set of recommendations on the prevention and treatment of obesity throughout the life course.⁴⁰ These recommendations serve as the foundations for global and national action plans which can support and expedite meaningful, integrated and comprehensive

action on obesity. To ensure action plans are meaningful, it is necessary that they are tailored for country/regional context; reflect country capacity, quality of existing health services and prevalence of obesity; and are coupled with implementation plans and necessary financing and infrastructure to deliver. The countries that currently have the highest prevalence of obesity are often not the same as the countries which are seeing the most rapid rise in, and the highest numbers of obesity. This means that different entry points and interventions will be appropriate for different countries. In countries where levels of obesity are still relatively low, prevention can help to halt the rise. Those countries where obesity is already significant will require a strong prevention and management approach to ensure that those living with obesity are not left behind.

The ROOTS Framework

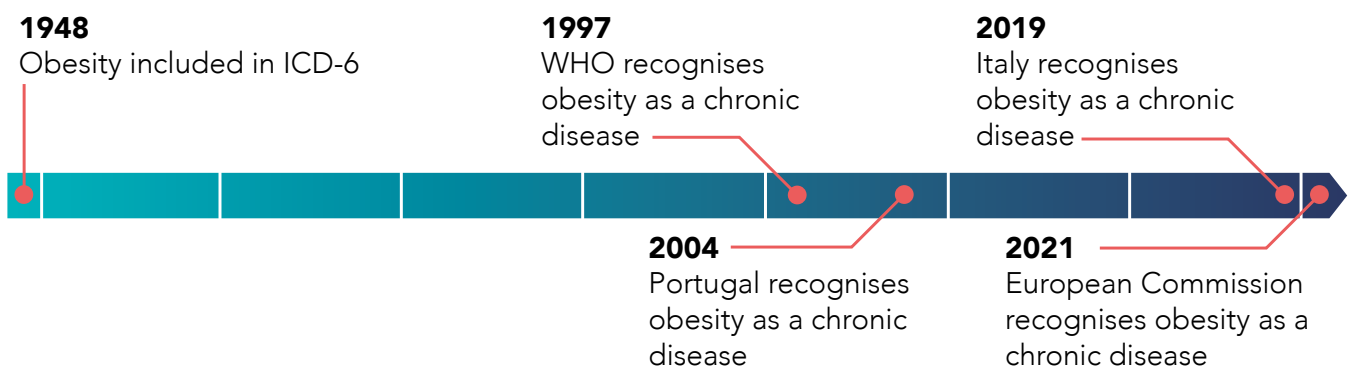
In 2020, World Obesity, in consultation with its members, developed the ROOTS framework, which sets out an integrated, equitable, comprehensive and person-centred approach to addressing obesity. The framework is based on five key pillars which encompass recognition of obesity as a disease, enhanced monitoring and surveillance, prevention of obesity throughout the life course, the provision of improved health services and treatment for people living with obesity, and the need for a systems-based approach. The following section provides a number of case studies based around the world, structured around the ROOTS framework.

Recognise that obesity is a disease in its own right as well as a risk factor for other conditions

Obesity is a complex, relapsing, multifactorial disease. Obesity has several drivers including genetics, the environment, commercial factors, healthcare access and mental health, among others. A World Obesity survey (2021)⁴¹ of 274 professionals in 68 countries identified the lack of official recognition of obesity as a disease as one of the top 10 barriers to treatment, leading to a lack of professional guidelines and appropriate training of healthcare professionals. Recognising that obesity is a disease with multiple drivers is vital to help shift the public discourse away from an individual blame narrative and increase understanding about the range of drivers, and in turn help strengthen commitment by national governments to implementing population-wide initiatives to support health, as well as comprehensive obesity

action plans. A shift in the narrative would highlight the risks of obesity, encourage people to seek medical care, increase access to treatment for all that need it, build a case for strong obesity policy, foster investments in obesity research, and demonstrate the need to prioritise and improve the education of health professionals to prevent and manage obesity. Furthermore, recognising obesity as a disease and a risk factor can also help reduce weight bias and stigma, and encourage greater empathy and support from health professionals. Action on obesity needs to be underpinned by national action plans, which are comprehensive and cover both prevention and treatment, across the life course.

In March 2021, the European Commission recognised obesity as a chronic disease.



Obesity monitoring and surveillance must be enhanced to strengthen effective strategies for preventing and treating obesity

All approaches to the prevention, management and treatment of obesity should be data-driven and evidence-based. Obesity monitoring and surveillance allows us to keep track of obesity trends and fully understand its determinants, treatment options, economic impact, and policy consequences. At present, there is a severe lack of robust monitoring

and surveillance systems for obesity, making it challenging to track progress and hold relevant stakeholders accountable. Research must be funded, supported and acted upon by governments, and must actively seek out the involvement of people with lived experience of obesity.

INFORMAS

INFORMAS (The International Network for Obesity/ NCD Research, Monitoring and Action Support) was set up in 2012 to monitor, benchmark and support public and private actions to increase healthy food environments and reduce obesity. The Food-Epi framework was developed to analyse public sector action and infrastructure to support food and health policies, and uses a number of indicators, primarily drawing on the WHO Global Action Plan on NCDs and the WCRF NOURISHING framework, to benchmark public and private sector actions to improve food environments. A BIA-

Obesity framework was developed to assess the commercial sector's policies and actions. Using these tools, countries are able to monitor progress towards implementing policies that address food promotion, food labelling, food pricing, food trade, food composition, food provision and food retail, and the infrastructure to support implementation in place. At the time of publication, 43 countries are actively undertaking food environment and policy surveys across one or more themes. More information, including country results, are available at: www.informas.org

Obesity surveillance data

Obesity monitoring and surveillance must be enhanced to strengthen effective strategies for preventing and treating obesity. When routine and standardised, obesity monitoring can allow us to examine trends, support advocacy and help to justify government and non-governmental action. Many countries undertake some level of monitoring, but standards vary widely between them. Below are examples of countries that successfully run obesity monitoring programmes, and examples of standardised surveys that are used across countries.

In Mexico, a flagship National Health and Nutrition Survey (*Encuesta Nacional de Salud y Nutrición*) is conducted approximately every two years. This survey collates prevalence and trend data (broken down by population) on several different indicators

of health and nutrition including overweight and obesity. The survey uses large, nationally representative samples, and the results are based on measured weight and heights. New Zealand has a similar monitoring programme in place. In both of these examples, standardised methodologies are used each time with appropriately trained personnel.

Examples of standardised surveys across countries include the Demographic Health Surveys and WHO STEPS surveys. These surveys are commonly used by lower-income countries, therefore providing a template that can be used in places where resources are scarce. Unfortunately, these surveys are not undertaken routinely, and so despite being helpful for sharing 'snapshots', they are less useful in providing evidence on obesity trends.

Obesity prevention strategies must be developed, tested and implemented across the life course, from pre-conception, through childhood and into older age

Halting the rise in overweight and obesity requires policies that can help prevent obesity throughout the life course and create healthy environments. Investing in childhood obesity prevention and treatment is vital to halt a course of poor health and social outcomes in adulthood, while addressing adult obesity can prevent the risk of obesity being passed

down through generations. Equally, addressing the commercial determinants of health and improving the environment we live in is essential for halting the rise in overweight and obesity, supporting the maintenance of a healthy weight, and helping people to retain health gains from interventions.

Safe and healthy environments for underage children: Oaxaca bans sale of ultra-processed foods to minors

Mexico is the country with the sixth most adults aged over 20 living with obesity and the one with the highest percentage of gross domestic product loss (5.3%) due to obesity.⁴² Over the past two decades, the country has seen a rapid increase in adult obesity, which can be partially explained by the exponential growth in the prevalence of childhood obesity. If current trends continue, it is predicted that by 2030, 42.9% of children aged between 5 and 19 in Mexico will be living with obesity.⁴³

In light of these projections, on 6th August, 2020, the Mexican state of Oaxaca banned the sales of sugar-sweetened beverages (SSBs) and junk food to children.⁴⁴ Being the state with the highest prevalence of childhood obesity in the country, this new legislation was a response to the high mortality rates linked to COVID-19.⁴⁵ Implemented as Article 20 Bis to the Law of the Rights of Children and Adolescents in the State of Oaxaca, the law aims to eliminate malnutrition in children and adolescents, and prohibits the following:

- I. The distribution, sale, gift or supply to underage people of SSBs and foods high in calories in the state
- II. The distribution, sale, gift or supply of SSBs and foods high in calories in public and private basic and secondary educational settings
- III. The sale, distribution or exhibition of any of these products in vending machines in public or private basic and secondary educational settings

While highly criticised by industry, Oaxaca was a pioneer region in implementing such stringent regulations to address the collision of two pandemics – COVID-19 and obesity – and many other regions in the country, including Mexico City, have now indicated that they will follow.

An important challenge identified by academic groups in Mexico for the scaling-up of this initiative is the lack of a formal evaluation to study the impact of this efforts. This is a necessary step to develop evidence and optimise this public health intervention and once this is achieved may encourage other states to follow.

Treatment of obesity – including behavioural, pharmacological, digital, nutritional, physical-activity-based and surgical interventions – should be accessible to all people with obesity

Reflecting the fact that obesity is a disease, obesity treatment should be integrated into Universal Health Coverage as an “essential health service” to ensure equitable access to appropriate treatment and care for all. This would ensure that children, adolescents and their families have equitable access to adequate prevention and treatment services. In addition, health services should build multidisciplinary teams to support people living with obesity, support obesity

care pathways, provide appropriate equipment for people living with obesity, and provide specialist and general training in weight management for healthcare professionals and medical students, including on stigma. We urge political leaders to build strong health systems that are equipped to manage and treat obesity and related illnesses.

HENRY – Health Exercise Nutrition for the Really Young

Through an innovative, unique and holistic approach, HENRY, a multi-disciplinary programme, works with parents to enable them to provide a healthy start in life for their children. HENRY’s mission is “to support a healthy, happy start for children and lay the foundations for a brighter future.” To achieve its mission, HENRY promotes and supports healthier lifestyles and environments at all levels (individual, community and population). HENRY focuses on intervening around the factors that have a real impact in later life, including but not limited to parenting skills, healthy nutrition, supporting breastfeeding, emotional wellbeing and encouraging a more active lifestyle. HENRY

works in partnership with parents, recognising their central role for the success of any intervention. When HENRY was implemented as a city-wide strategy in Leeds, UK, rates of obesity in 5-year-old children, over ten years, fell by 10%, with a particularly significant impact seen in disadvantaged neighbourhoods. 97% of families involved in HENRY report leading healthier lifestyles.

Since its first implementation, HENRY has now been established across the UK. To learn more about HENRY and the HENRY approach, see www.henry.org.uk/commissioners

Systems-based approaches should be applied to the treatment and prevention of obesity

Interventions to address obesity will require a 'whole of government' and indeed 'whole of society' approach and actions from multiple sectors to create a healthier environment for all children and their families. It is important to use a systems-based approach and engage the food, health, education and other key sectors, as well as involving communities,

families and children, and civil society organisations. Ministries of health, education, social development, finance, media/culture, food/agriculture, welfare and transport all have a responsibility in supporting the development of healthy, sustainable environments for everyone.

Amsterdam Healthy Weight Programme

Amsterdam was a city that had higher than national average rates of childhood overweight and obesity, with one in four to five children reported to live with overweight or obesity.^{46, 47} As a result, the Amsterdam Healthy Weight Programme (AHWP) was implemented in 2013 in response to this public health emergency and with the initial objective "to reduce obesity by enabling children to eat and drink healthy foods, increase their physical activity and have good quality sleep."⁴⁸

The AHWP is designed and delivered as an urban-level policy,⁴⁹ and rests upon the assumption that the development of a healthy living environment for children is a shared responsibility.⁵⁰ By working with different partners all around the city, the programme aims to 'make the healthy choice the easy choice' by promoting three key rules:⁵¹ (i) eat and drink healthily, (ii) get enough exercise, and (iii) get a good night's sleep.

To ensure the proper development and delivery of the programme, each neighbourhood in Amsterdam has established agreements with paediatricians, GPs and other healthcare professionals, parent and child professionals, youth healthcare nurses, youth counsellors and welfare organisations as well as community organisations.

Overall, the first five years of the AHWP were successful; the prevalence of overweight fell from 21% to 18.5% among children aged between 2 and 18 between 2012 and 2015,⁵² an absolute

decrease of 2,500 fewer children living with overweight. Importantly, a substantial decline among children from very low or low socio-economic status was observed.⁵³ Despite these encouraging trends, levels of childhood obesity started to stagnate, or even to slightly increase in specific age groups; the prevalence of overweight and obesity among 10-year-olds declined from 23.3% in 2014-2015 to 21.2% in 2016-2017, before rising slightly to 22.3% in 2018-2019.⁵⁴ Whilst a multi-component approach is essential, a city-wide systems approach and associated evaluated measures that go beyond looking at BMI are needed. Actions and initiatives should be collaborative, integrated across all levels and sectors of society, and include stakeholders both inside and outside the public health sector.⁵⁵ Recognising this gap, AHWP has developed a logic framework to further underpin the adopted systems approach.⁵⁶

The vision for the next five years (2018-2022) focused extensively on four priority areas around improving children's environments as well as expanding the reach of AHWP.⁵⁷ The last five years led to a number of successful policy processes and achievements including a ban on the marketing of unhealthy commodities at sporting events, an increase in trained healthcare professionals and health ambassadors around the city, and over 25,000 children being enrolled in the Jump-in programme.⁵⁸

Addressing the Global Syndemic of Obesity, Undernutrition and Climate Change

In January 2019, the Lancet Commission report: The Global Syndemic of Obesity, Undernutrition and Climate Change was published.⁵⁹ Looking at the relationship between three ongoing pandemics, the report revealed some of the common underlying societal and political drivers for all forms of malnutrition. Globally, the prevalence of obesity is rising with the greatest increase now seen in LMICs, where previously, undernutrition was the most widespread form of malnutrition. Around the world, food systems are broken and unable to provide healthy, sustainable and nutritious diets. In parallel, food systems are also responsible for 25-30% of greenhouse gas emissions,⁶⁰ likely exacerbating the risk of natural

disasters and impacting the availability, quality and nutritional content of food. Unfortunately, policy inertia is a major challenge for action on obesity; weak public demand and lack of political will for change, alongside strong corporate opposition to policy implementation, have resulted in economic, food, transport and other global systems to drive malnutrition and climate change.

Many of the suggested policies and interventions to reduce all forms of malnutrition will also be beneficial for climate change mitigation and adaptation, and vice-versa. Double- and triple-duty actions influence multiple parts of the Syndemic and seek to reorient major systems of food and agriculture, transport, and urban design.



Section 7: Country scorecards

Country scorecards index

A <hr/>	China	Ghana
Afghanistan	China (Hong Kong SAR)	Greece
Albania	Colombia	Greenland
Algeria	Comoros	Grenada
American Samoa	Congo	Guatemala
Andorra	Cook Islands	Guinea
Angola	Costa Rica	Guinea Bissau
Antigua and Barbuda	Cote d'Ivoire	Guyana
Argentina	Croatia	H <hr/>
Armenia	Cuba	Haiti
Australia	Cyprus	Honduras
Austria	Czech Republic	Hungary
Azerbaijan	D <hr/>	I <hr/>
B <hr/>	Democratic Republic of the Congo	Iceland
Bahamas	Denmark	India
Bahrain	Djibouti	Indonesia
Bangladesh	Dominica	Iran
Barbados	Dominican Republic	Iraq
Belarus	E <hr/>	Ireland
Belgium	Ecuador	Israel
Belize	Egypt	Italy
Benin	El Salvador	J <hr/>
Bermuda	Equatorial Guinea	Jamaica
Bhutan	Eritrea	Japan
Bolivia	Estonia	Jordan
Bosnia and Herzegovina	Eswatini	K <hr/>
Botswana	Ethiopia	Kazakhstan
Brazil	F <hr/>	Kenya
Brunei Darussalam	Fiji	Kiribati
Bulgaria	Finland	Kuwait
Burkina Faso	France	Kyrgyzstan
Burundi	French Polynesia	L <hr/>
C <hr/>	G <hr/>	Lao PDR
Cabo Verde	Gabon	Latvia
Cambodia	Gambia	Lebanon
Cameroon	Georgia	Lesotho
Canada	Germany	
Central African Republic		
Chad		
Chile		

Liberia
Libya
Lithuania
Luxembourg

M

Madagascar
Malawi
Malaysia
Maldives
Mali
Malta
Marshall Islands
Mauritania
Mauritius
Mexico
Micronesia (Federated States of)
Moldova
Mongolia
Montenegro
Morocco
Mozambique
Myanmar

N

Namibia
Nauru
Nepal
Netherlands
New Zealand
Nicaragua
Niger
Nigeria
Niue
North Korea
North Macedonia
Norway

O

Oman

P

Pakistan
Palau
Palestine
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Poland
Portugal
Puerto Rico

Q

Qatar

R

Romania
Russian Federation
Rwanda

S

Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Samoa
Sao Tome and Principe
Saudi Arabia
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Slovakia
Slovenia
Solomon Islands
Somalia
South Africa
South Korea
Spain
Sri Lanka

Sudan
Suriname
Sweden
Switzerland
Syrian Arab Republic

T

Taiwan
Tajikistan
Tanzania
Thailand
Timor-Leste
Togo
Tokelau
Tonga
Trinidad and Tobago
Tunisia
Turkey
Turkmenistan
Tuvalu

U

Uganda
Ukraine
United Arab Emirates
United Kingdom
United States of America
Uruguay
Uzbekistan

V

Vanuatu
Venezuela
Viet Nam

Y

Yemen

Z

Zambia
Zimbabwe



Afghanistan

ADULTS WITH OBESITY BY 2030

8%

LOW: RISING

ADULT OBESITY IN 2030

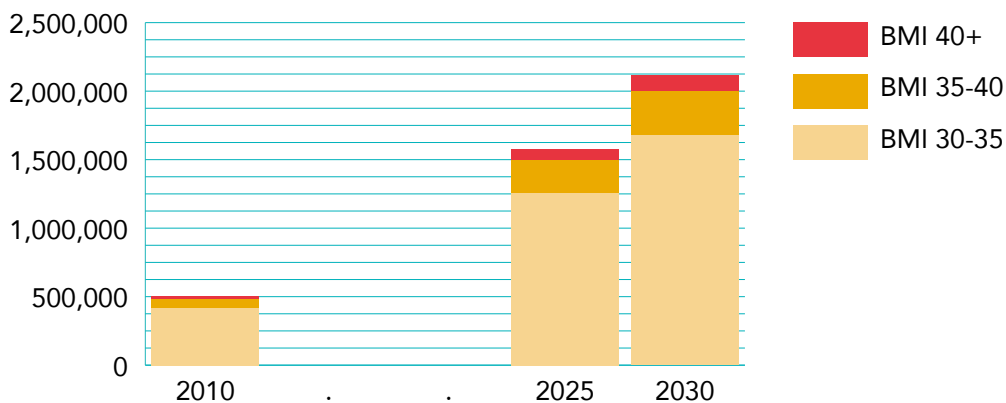
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	5.05	0.52	0.16
	Total number	659,268	68,064	21,268
WOMEN	Prevalence (%)	11.66	2.97	0.78
	Total number	1,457,438	371,731	97,636

GLOBAL PREPAREDNESS RANKING

171/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.6%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	11.50%	7.86%
Total number	551,950	855,233

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

8.8%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

66.5%

VERY HIGH

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DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Albania

ADULTS WITH OBESITY BY 2030

30.2%

VERY HIGH

ADULT OBESITY IN 2030

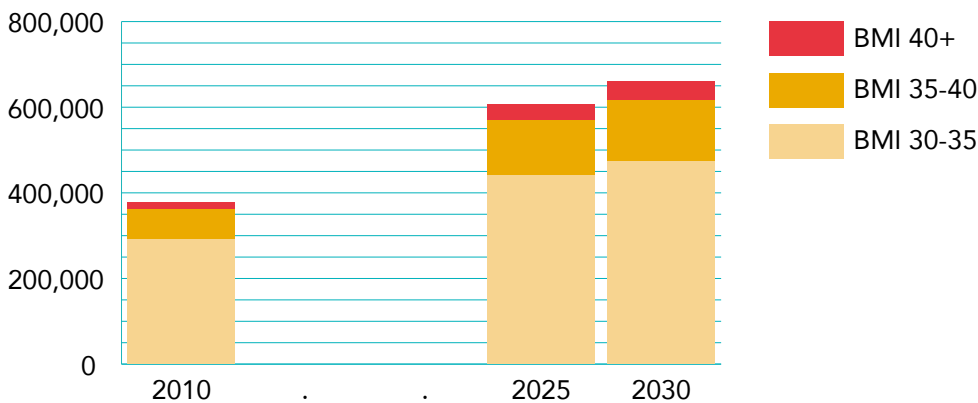
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	31.17	6.82	1.15
	Total number	343,790	75,226	12,698
WOMEN	Prevalence (%)	29.25	10.25	2.74
	Total number	315,621	110,584	29,515

GLOBAL PREPAREDNESS RANKING

59/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.4%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	21.41	15.77
Total number	32,323	50,952

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

6.4%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

16.1%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Algeria

ADULTS WITH OBESITY BY 2030

37.4%

VERY HIGH

ADULT OBESITY IN 2030

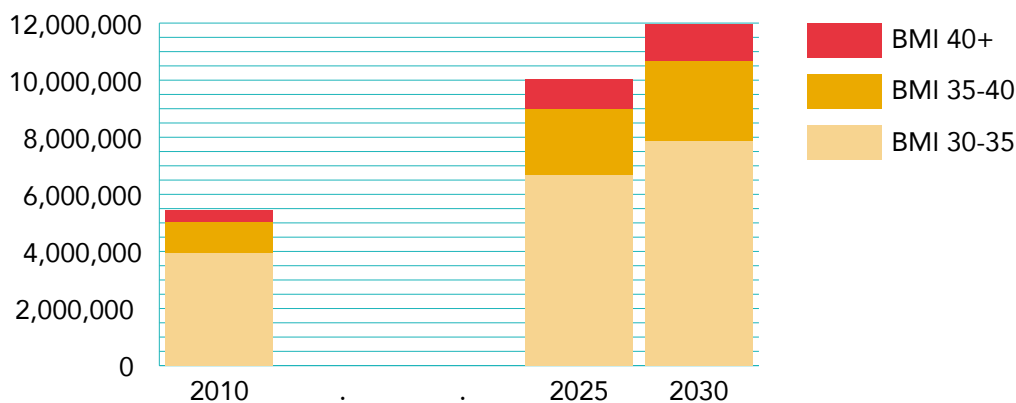
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	29.06	6.67	1.76
	Total number	4,674,109	1,073,015	282,760
WOMEN	Prevalence (%)	45.82	19.15	6.53
	Total number	7,306,337	3,053,562	1,041,920

GLOBAL PREPAREDNESS RANKING

61/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.2%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	24.88	19.28
Total number	1,134,879	1,856,568

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.7%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

36.5%

MEDIUM

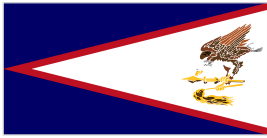
REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



American Samoa

ADULTS WITH OBESITY BY 2030

67.4%

VERY HIGH

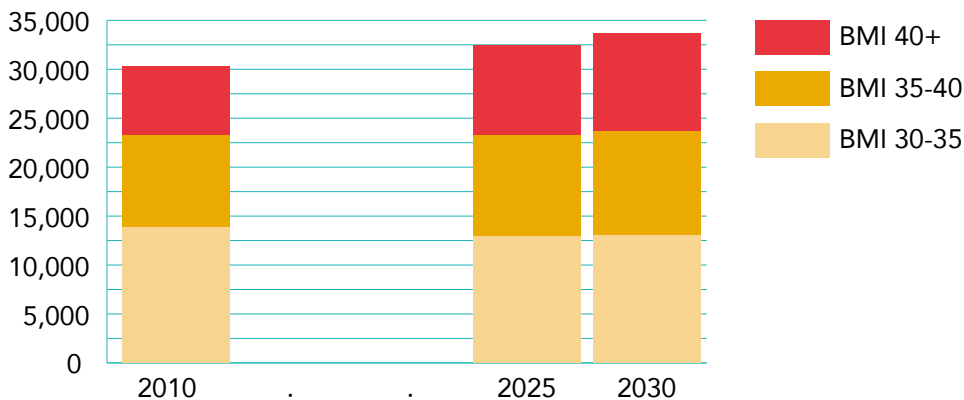
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	65.83	39.08	17.99
	Total number	16,457	9,771	4,499
WOMEN	Prevalence (%)	68.94	43.69	22.00
	Total number	17,234	10,922	5,500

GLOBAL PREPAREDNESS RANKING

N/A

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

0.6%

LOW

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	39.42	36.12
Total number	1,971	3,612

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.9%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

N/A

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Andorra

ADULTS WITH OBESITY BY 2030

29.6%

HIGH

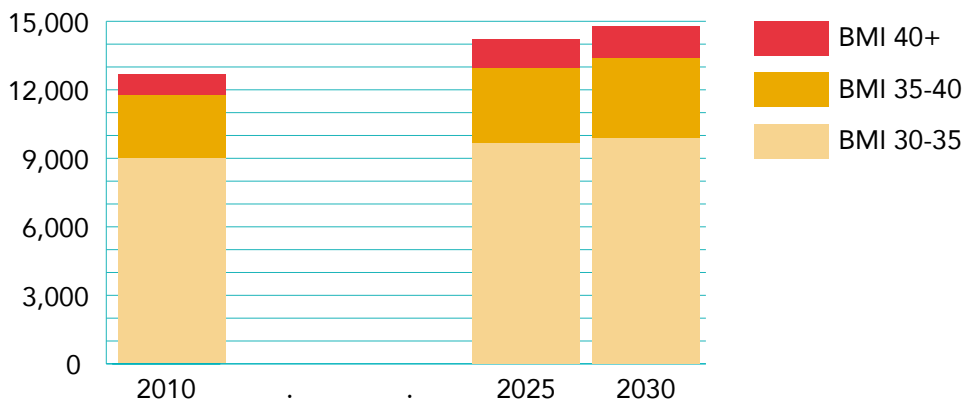
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	31.42	9.29	2.37
	Total number	7,854	2,323	593
WOMEN	Prevalence (%)	27.70	10.25	3.21
	Total number	6,926	2,562	802

GLOBAL PREPAREDNESS RANKING

N/A

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

0.8%

LOW

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	16.86	12.20
Total number	843	1,220

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

0.6%

LOW

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

N/A

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Angola

ADULTS WITH OBESITY BY 2030

12.5%

MEDIUM

ADULT OBESITY IN 2030

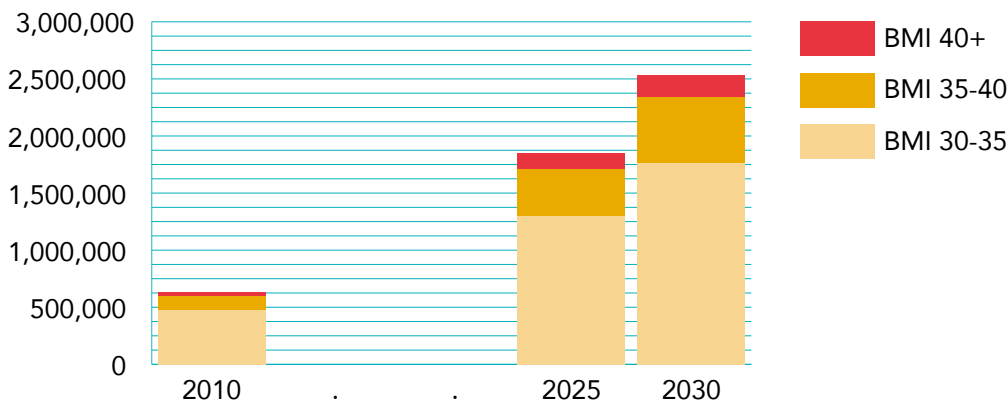
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	6.39	1.12	0.20
	Total number	629,188	110,800	19,607
WOMEN	Prevalence (%)	18.21	6.32	1.70
	Total number	1,906,939	661,652	178,213

GLOBAL PREPAREDNESS RANKING

160/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.4%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	9.14	6.24
Total number	588,516	667,623

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

8.8%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

68.1%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Antigua and Barbuda

ADULTS WITH OBESITY BY 2030

25.3%

HIGH

ADULT OBESITY IN 2030

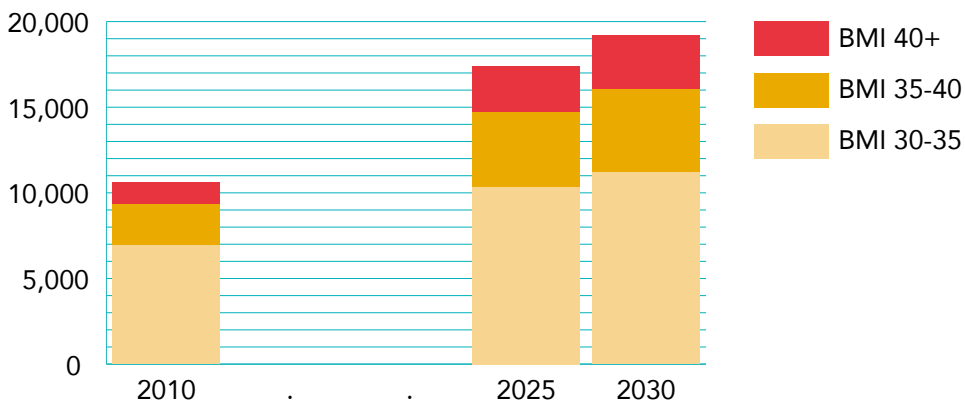
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	16.04	4.40	1.49
	Total number	5,774	1,586	536
WOMEN	Prevalence (%)	33.54	16.09	6.47
	Total number	13,417	6,436	2,588

GLOBAL PREPAREDNESS RANKING

88/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	23.19	18.02
Total number	1,623	2,522

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.3%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

40.9%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Argentina

ADULTS WITH OBESITY BY 2030

35.8%

VERY HIGH

ADULT OBESITY IN 2030

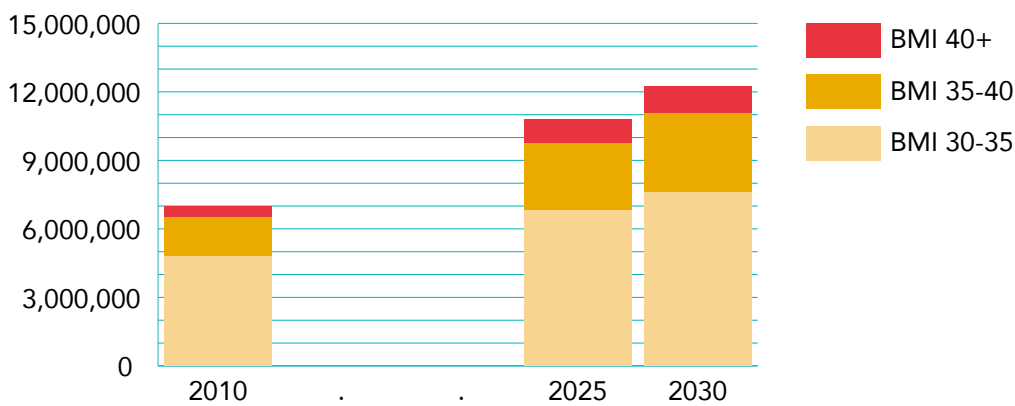
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	35.44	10.90	2.21
	Total number	5,832,640	1,793,734	363,732
WOMEN	Prevalence (%)	36.18	16.32	4.82
	Total number	6,443,012	2,905,409	857,921

GLOBAL PREPAREDNESS RANKING

81/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.6%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	27.21	20.02
Total number	1,006,081	1,487,983

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.2%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

33.3%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Armenia

ADULTS WITH OBESITY BY 2030

26.6%

HIGH

ADULT OBESITY IN 2030

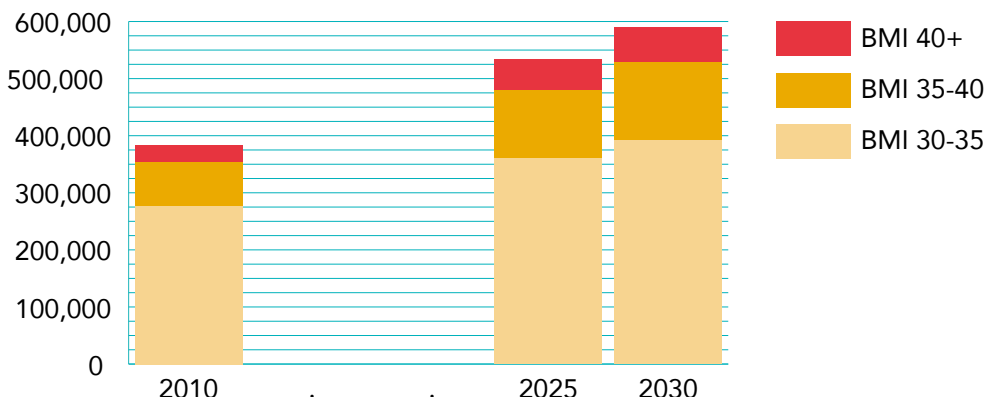
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	23.09	5.68	1.67
	Total number	230,443	56,733	16,635
WOMEN	Prevalence (%)	29.49	11.53	3.69
	Total number	358,843	140,275	44,943

GLOBAL PREPAREDNESS RANKING

56/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	10.90	7.09
Total number	19,503	29,342

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

37.2%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Australia

ADULTS WITH OBESITY BY 2030

37.8%

VERY HIGH

ADULT OBESITY IN 2030

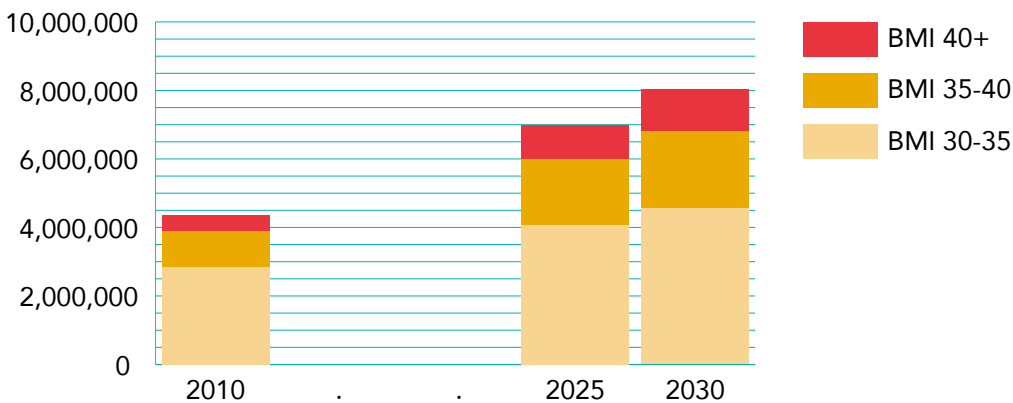
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	39.03	14.57	4.15
	Total number	4,079,781	1,522,689	433,428
WOMEN	Prevalence (%)	36.57	18.07	7.17
	Total number	3,943,042	1,948,315	772,590

GLOBAL PREPAREDNESS RANKING

24/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	17.40	14.00
Total number	298,651	503,405

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

1.4%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

22.6%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Austria

ADULTS WITH OBESITY BY 2030

26.3%

HIGH

ADULT OBESITY IN 2030

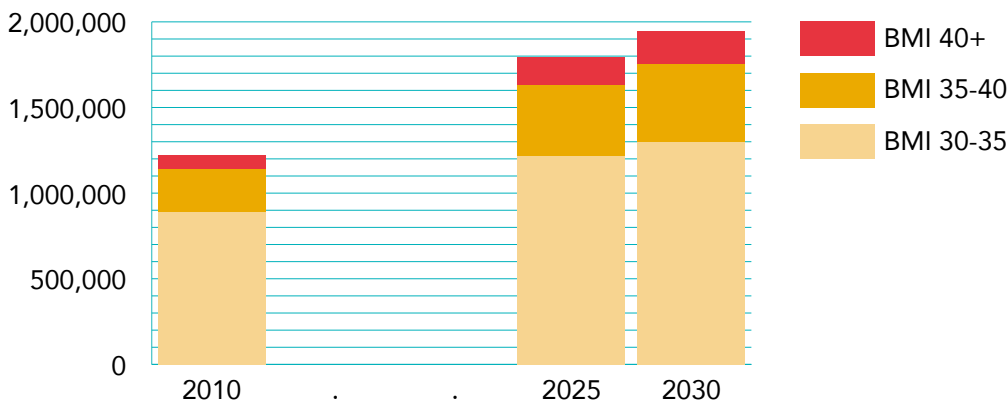
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	29.27	8.94	2.23
	Total number	1,062,120	324,315	81,047
WOMEN	Prevalence (%)	23.44	8.58	2.93
	Total number	882,147	322,939	110,396

GLOBAL PREPAREDNESS RANKING

11/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	14.54	11.36
Total number	66,291	101,018

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.5%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

19.8%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Azerbaijan

ADULTS WITH OBESITY BY 2030

27.2%

HIGH

ADULT OBESITY IN 2030

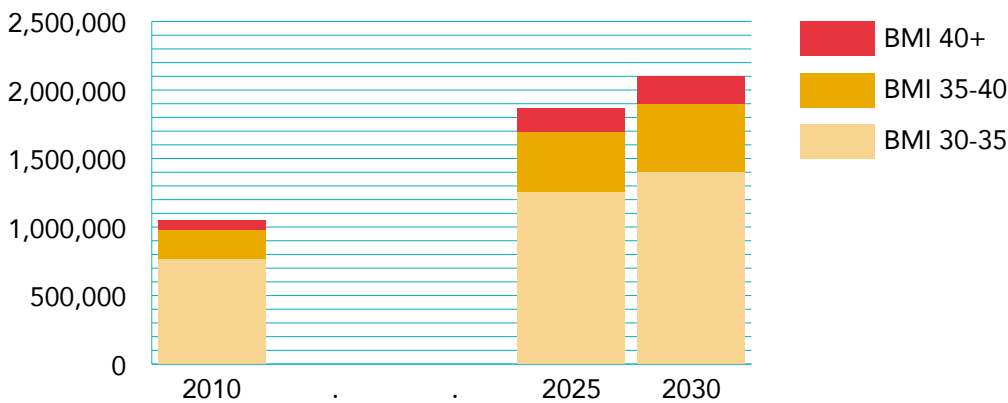
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	22.52	5.03	1.08
	Total number	852,539	19,606	40,738
WOMEN	Prevalence (%)	31.75	13.04	4.14
	Total number	1,251,086	513,582	162,930

GLOBAL PREPAREDNESS RANKING

101/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.3%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	12.61	8.79
Total number	88,661	147,530

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.6%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

45.7%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
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Bahamas

ADULTS WITH OBESITY BY 2030

39.5%

VERY HIGH

ADULT OBESITY IN 2030

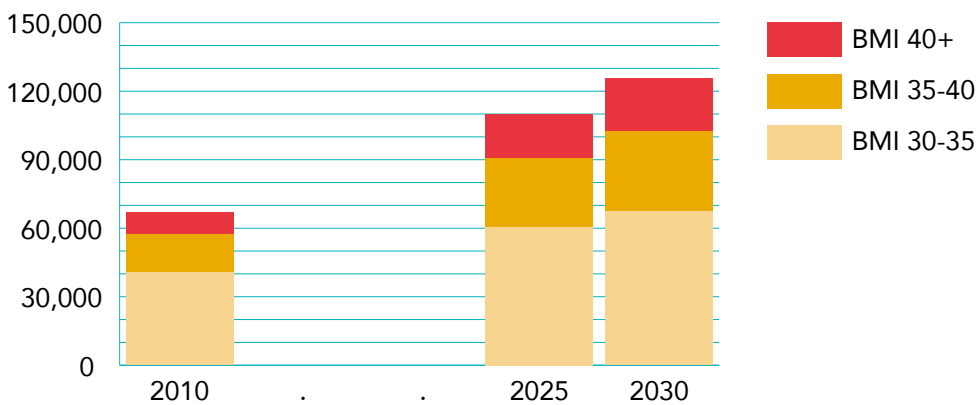
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	32.67	11.98	4.19
	Total number	49,989	18,333	6,405
WOMEN	Prevalence (%)	45.76	24.08	10.04
	Total number	75,500	39,740	16,563

GLOBAL PREPAREDNESS RANKING

84/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.5%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	27.13	21.45
Total number	7,325	11,585

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.2%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

54.9%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Bahrain

ADULTS WITH OBESITY BY 2030

36.6%

VERY HIGH

ADULT OBESITY IN 2030

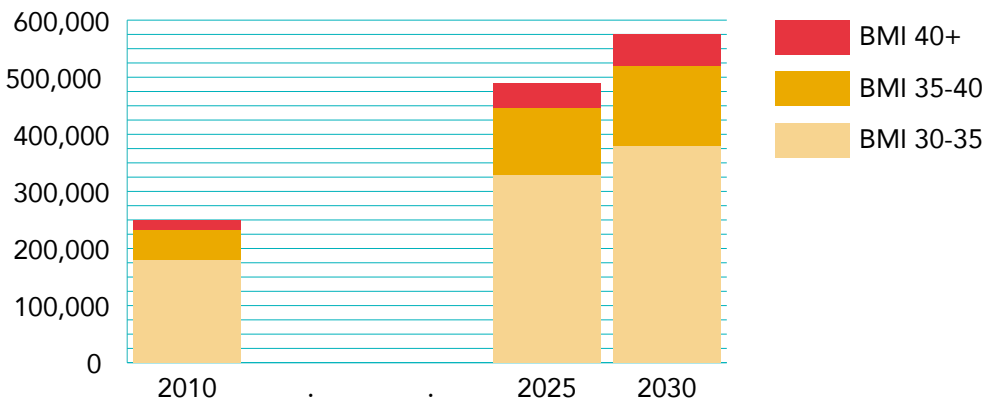
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	33.31	9.98	2.40
	Total number	352,440	105,611	25,345
WOMEN	Prevalence (%)	43.43	17.55	5.87
	Total number	222,366	89,845	30,034

GLOBAL PREPAREDNESS RANKING

54/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.5%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	25.80	21.00
Total number	22,499	46,206

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.2%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

54.3%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Bangladesh

ADULTS WITH OBESITY BY 2030

5.8%

LOW: RISING

ADULT OBESITY IN 2030

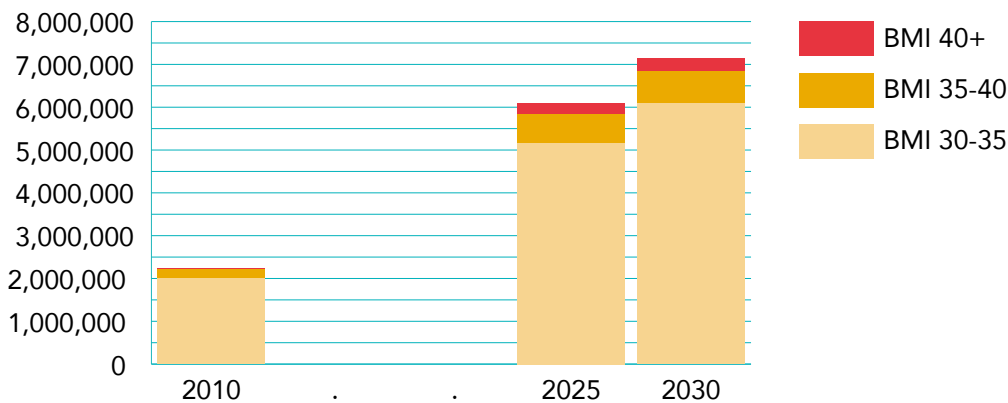
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	3.72	0.29	0.08
	Total number	2,297,728	181,211	48,614
WOMEN	Prevalence (%)	7.84	1.42	0.41
	Total number	4,853,507	877,915	253,808

GLOBAL PREPAREDNESS RANKING

108/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

4.1%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	10.57	7.00
Total number	1,451,432	1,998,268

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

8.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

47.4%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Barbados

ADULTS WITH OBESITY BY 2030

31.5%

VERY HIGH

ADULT OBESITY IN 2030

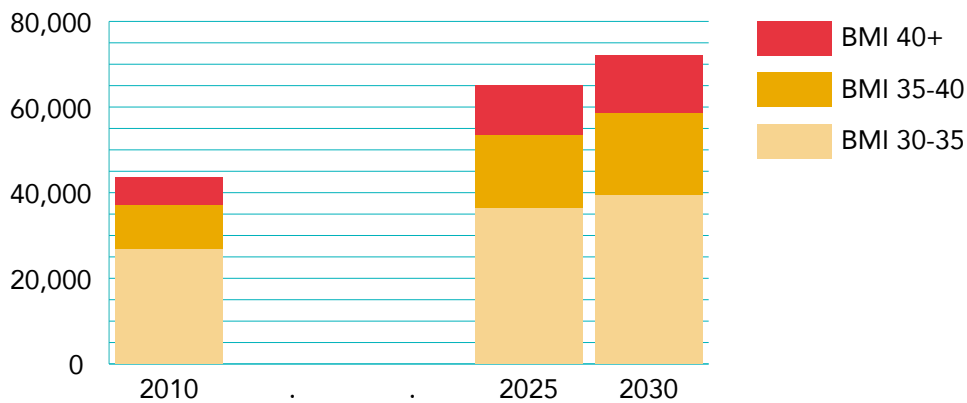
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	21.04	6.52	2.11
	Total number	23,144	7,175	2,318
WOMEN	Prevalence (%)	41.17	21.47	9.47
	Total number	48,997	25,549	11,263

GLOBAL PREPAREDNESS RANKING

51/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	24.97	19.83
Total number	3,746	5,948

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

27.9%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Belarus

ADULTS WITH OBESITY BY 2030

30.4%

VERY HIGH

ADULT OBESITY IN 2030

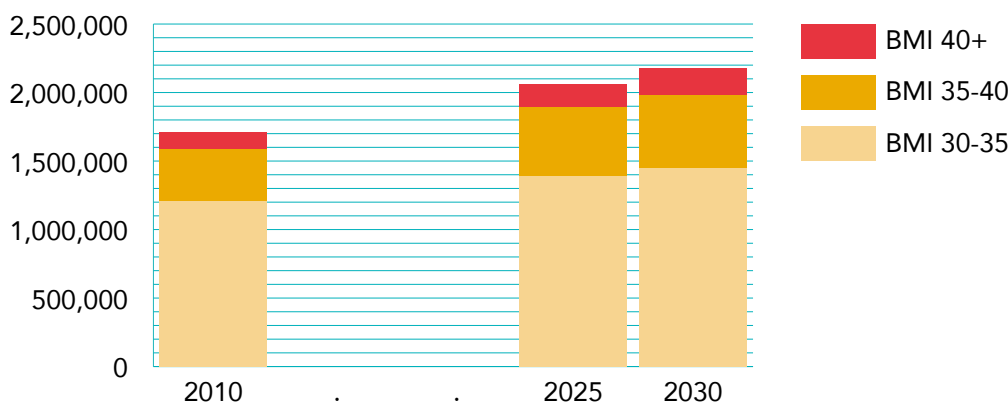
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	29.86	7.83	1.48
	Total number	968,852	254,223	48,061
WOMEN	Prevalence (%)	30.83	12.06	3.64
	Total number	1,204,705	471,190	142,359

GLOBAL PREPAREDNESS RANKING

35/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.4%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	15.46	11.32
Total number	79,171	129,607

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

37.1%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

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NCD premature deaths:
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Obesity-NCD preparedness
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Belgium

ADULTS WITH OBESITY BY 2030

27.4%

HIGH

ADULT OBESITY IN 2030

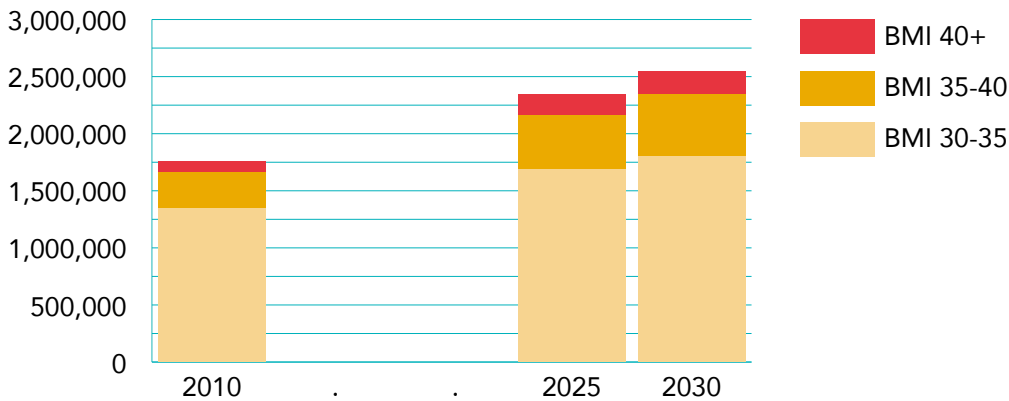
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	29.93	7.59	1.56
	Total number	1,374,050	348,416	71,412
WOMEN	Prevalence (%)	24.92	8.47	2.90
	Total number	1,177,727	400,134	137,272

GLOBAL PREPAREDNESS RANKING

10/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.4%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	9.68	7.03
Total number	61,476	94,463

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

0.8%

LOW

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

21%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Belize

ADULTS WITH OBESITY BY 2030

31.7%

VERY HIGH

ADULT OBESITY IN 2030

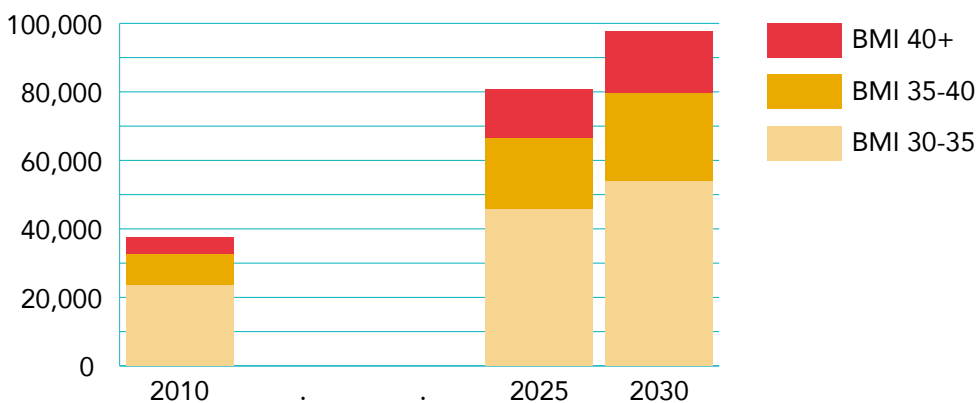
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	22.94	7.48	2.62
	Total number	34,645	11,302	3,961
WOMEN	Prevalence (%)	40.14	20.72	8.93
	Total number	63,023	32,535	14,020

GLOBAL PREPAREDNESS RANKING

115/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.9%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	23.26	18.06
Total number	9,538	14,268

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.8%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

50.6%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Benin

ADULTS WITH OBESITY BY 2030

14.0%

MEDIUM

ADULT OBESITY IN 2030

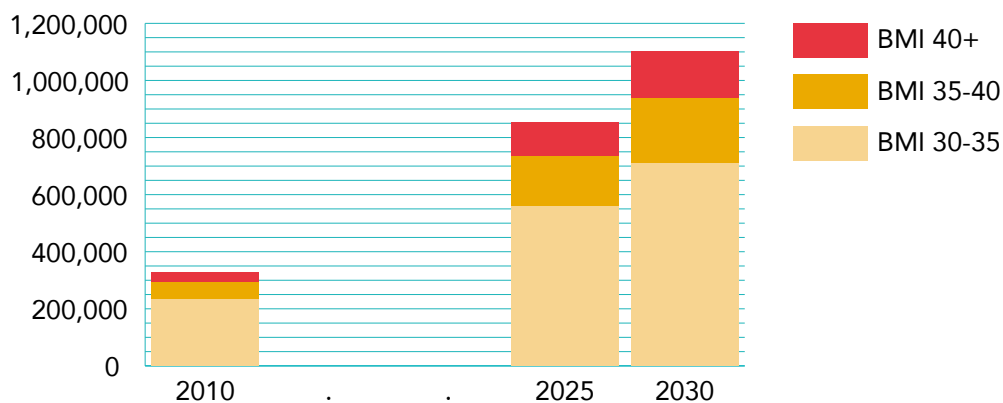
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	7.15	1.57	0.56
	Total number	277,921	61,027	21,616
WOMEN	Prevalence (%)	20.77	8.34	3.58
	Total number	824,163	330,967	141,916

GLOBAL PREPAREDNESS RANKING

165/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.9%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	8.29	5.55
Total number	169,445	194,204

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

6.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

63.4%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Bermuda

ADULTS WITH OBESITY BY 2030

42.6%

VERY HIGH

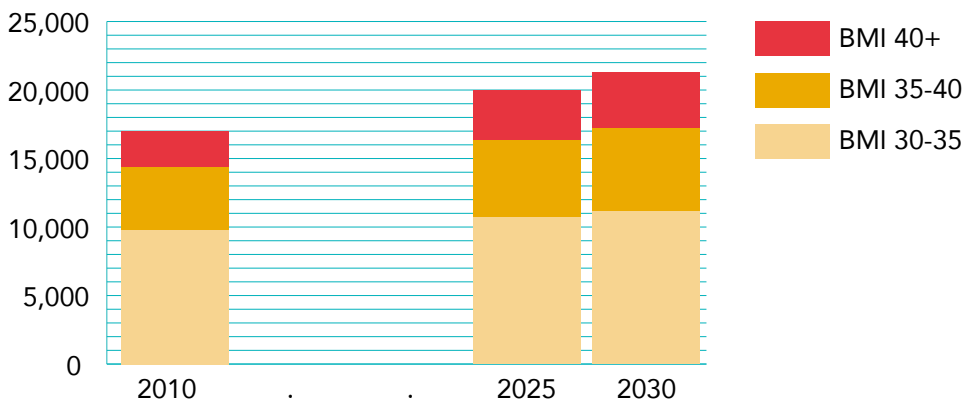
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	37.16	14.90	5.29
	Total number	9,291	3,724	1,323
WOMEN	Prevalence (%)	47.98	25.77	10.88
	Total number	11,996	6,443	2,719

GLOBAL PREPAREDNESS RANKING

N/A

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.2%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	27.50	22.06
Total number	1,375	2,206

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.5%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

N/A

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Bhutan

ADULTS WITH OBESITY BY 2030

10.2%

MEDIUM

ADULT OBESITY IN 2030

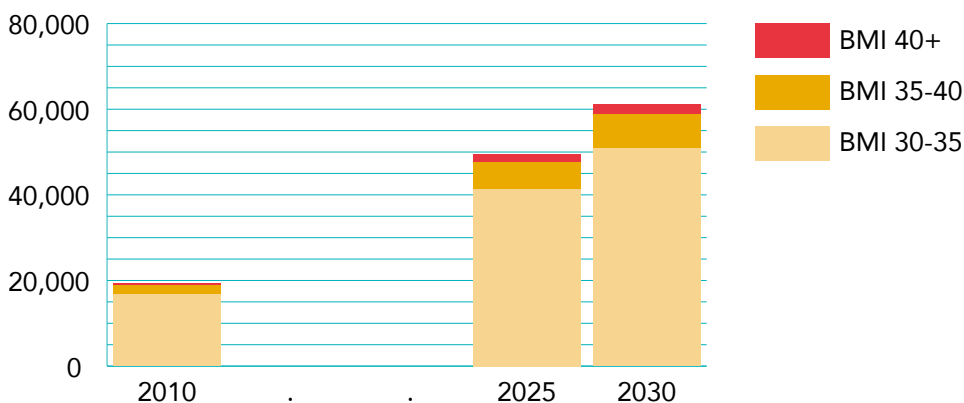
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	7.65	0.69	0.17
	Total number	25,166	2,269	556
WOMEN	Prevalence (%)	13.27	2.98	0.73
	Total number	36,100	8,097	1,972

GLOBAL PREPAREDNESS RANKING

113/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.7%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	12.12	8.17
Total number	7,923	10,129

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

8.3%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

37.6%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Bolivia

ADULTS WITH OBESITY BY 2030

27.1%

HIGH

ADULT OBESITY IN 2030

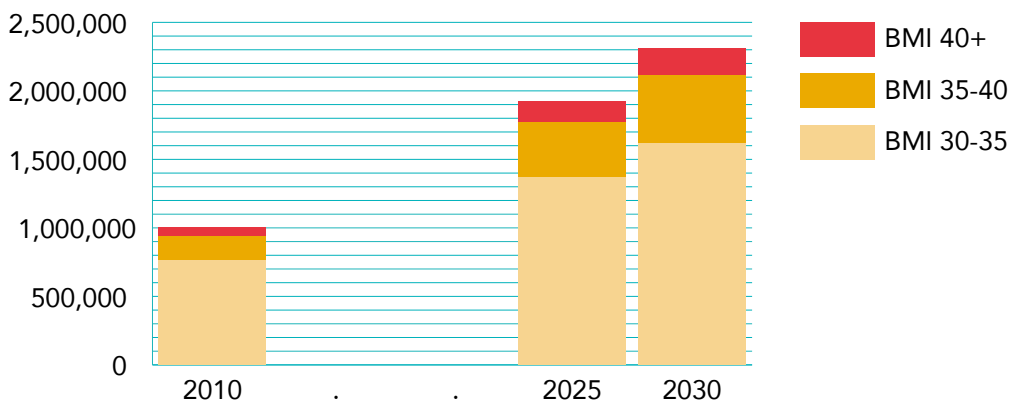
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	20.51	3.54	0.85
	Total number	865,032	149,274	35,978
WOMEN	Prevalence (%)	33.51	12.56	3.63
	Total number	1,442,403	540,742	156,116

GLOBAL PREPAREDNESS RANKING

124/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.1%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	18.32	13.58
Total number	217,985	315,147

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

35.3%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Bosnia and Herzegovina

ADULTS WITH OBESITY BY 2030

23.4%

HIGH

ADULT OBESITY IN 2030

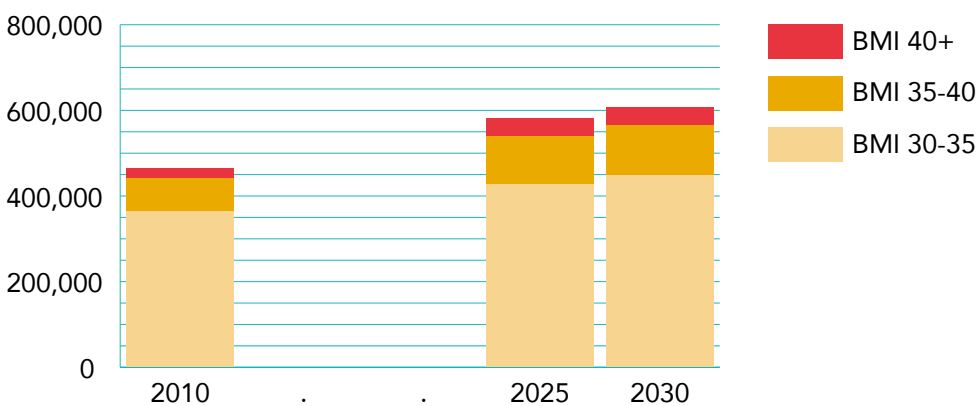
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	23.52	4.37	0.96
	Total number	295,593	54,930	12,065
WOMEN	Prevalence (%)	23.28	7.84	2.26
	Total number	312,238	105,187	30,347

GLOBAL PREPAREDNESS RANKING

38/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	15.83	11.12
Total number	18,998	32,790

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

6.1%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

30.5%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Botswana

ADULTS WITH OBESITY BY 2030

25.5%

HIGH

ADULT OBESITY IN 2030

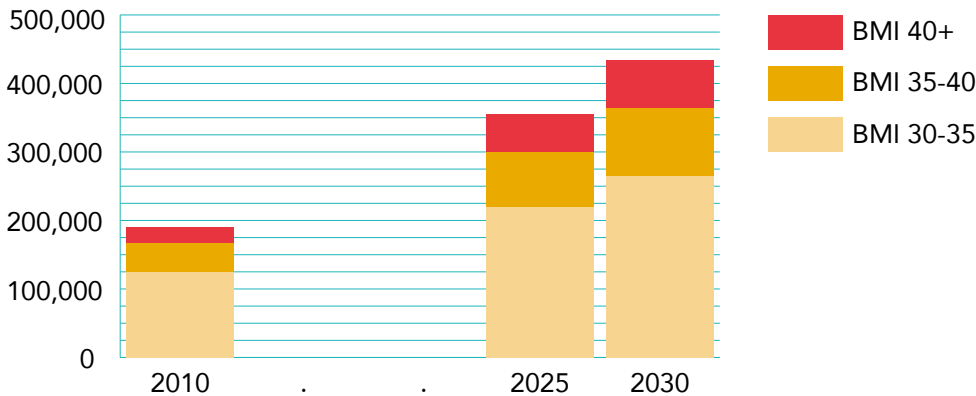
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	12.14	3.01	1.15
	Total number	98,547	24,438	9,373
WOMEN	Prevalence (%)	37.67	16.18	6.85
	Total number	335,276	143,988	60,972

GLOBAL PREPAREDNESS RANKING

111/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.9%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	17.46	12.92
Total number	46,261	69,382

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

6.7%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

59.2%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Brazil

ADULTS WITH OBESITY BY 2030

29.7%

HIGH

ADULT OBESITY IN 2030

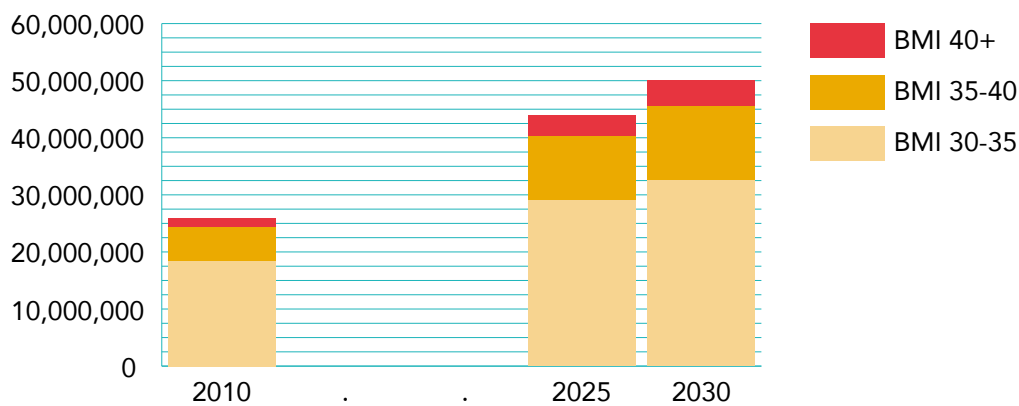
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	25.87	6.50	1.38
	Total number	21,023,968	5,281,970	1,118,935
WOMEN	Prevalence (%)	33.25	14.01	3.82
	Total number	28,977,057	12,213,388	3,329,837

GLOBAL PREPAREDNESS RANKING

67/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.0%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	22.75	15.71
Total number	3,102,860	4,554,707

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.8%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

43.7%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Brunei Darussalam

ADULTS WITH OBESITY BY 2030

20.7%

HIGH

ADULT OBESITY IN 2030

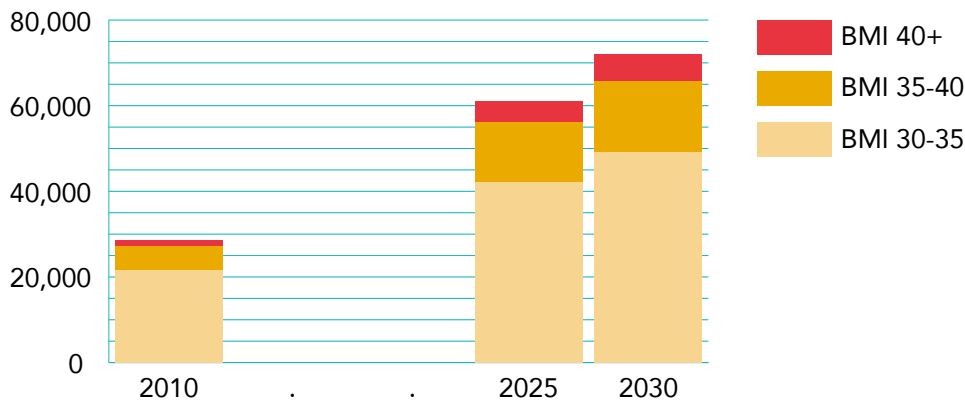
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	19.23	5.02	1.31
	Total number	34,615	9,033	2,364
WOMEN	Prevalence (%)	22.33	8.23	2.26
	Total number	37,290	13,748	3,782

GLOBAL PREPAREDNESS RANKING

57/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.0%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	26.67	20.79
Total number	7,734	13,926

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.8%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

53.6%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Bulgaria

ADULTS WITH OBESITY BY 2030

31.4%

VERY HIGH

ADULT OBESITY IN 2030

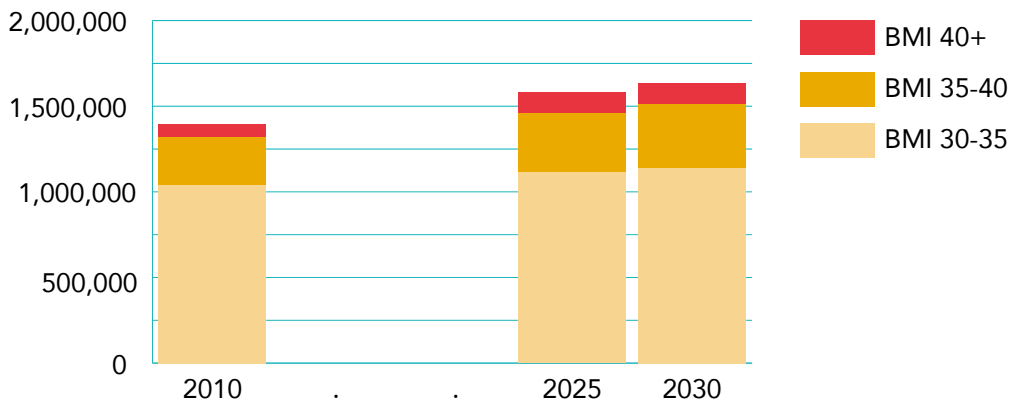
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	33.75	8.43	1.79
	Total number	841,846	210,241	44,621
WOMEN	Prevalence (%)	29.27	10.57	3.05
	Total number	794,175	286,641	82,721

GLOBAL PREPAREDNESS RANKING

35/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.5%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	21.41	16.17
Total number	62,084	104,159

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

4.0%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

29.7%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Burkina Faso

ADULTS WITH OBESITY BY 2030

8.5%

LOW: RISING

ADULT OBESITY IN 2030

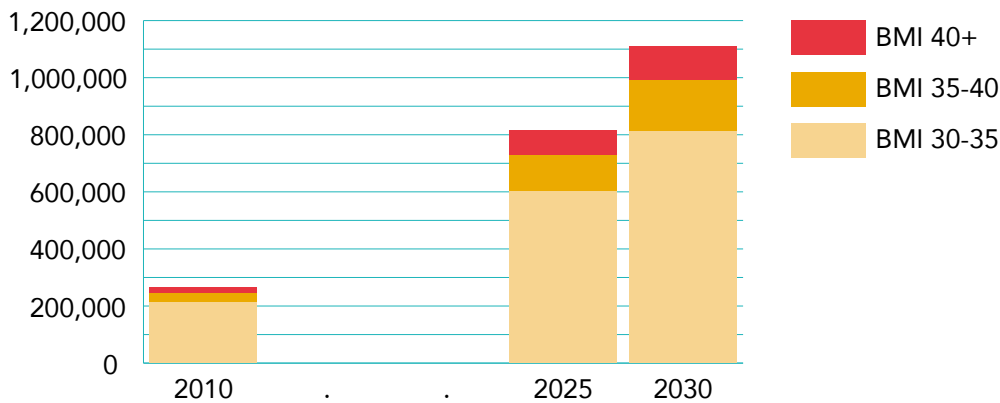
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	4.11	0.64	0.27
	Total number	266,742	41,706	17,592
WOMEN	Prevalence (%)	12.71	3.89	1.56
	Total number	843,740	258,301	103,713

GLOBAL PREPAREDNESS RANKING

178/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.8%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	5.46	3.96
Total number	203,959	253,158

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

11.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

72.1%

VERY HIGH

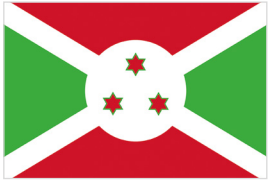
REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Burundi

ADULTS WITH OBESITY BY 2030

8.3%

LOW: RISING

ADULT OBESITY IN 2030

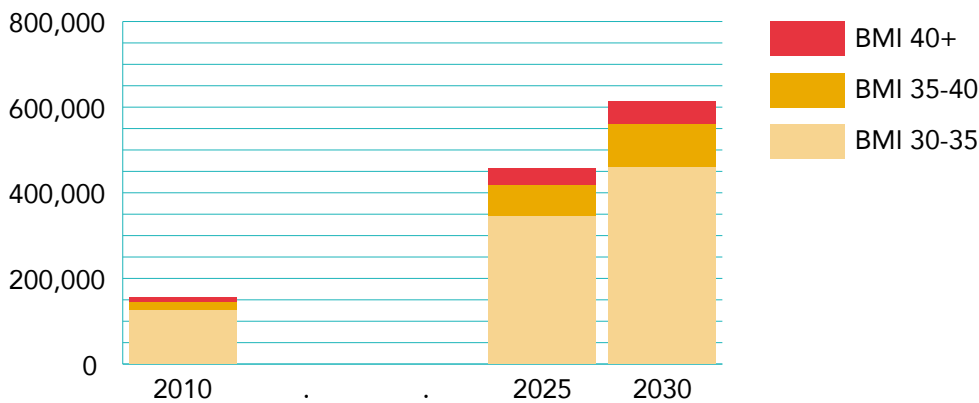
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	3.23	0.40	0.11
	Total number	117,565	14,399	3,962
WOMEN	Prevalence (%)	13.11	3.69	1.29
	Total number	496,225	139,781	48,660

GLOBAL PREPAREDNESS RANKING

176/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.4%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	8.10	5.27
Total number	177,403	198,559

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

9.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

71.1%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Cabo Verde

ADULTS WITH OBESITY BY 2030

17.3%

MEDIUM

ADULT OBESITY IN 2030

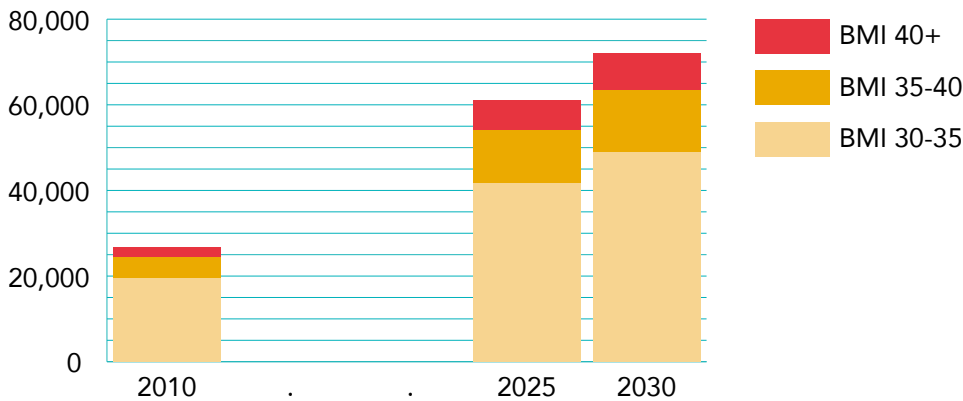
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	10.80	2.37	0.80
	Total number	22,363	4,903	1,658
WOMEN	Prevalence (%)	23.85	8.75	3.32
	Total number	49,600	18,201	6,909

GLOBAL PREPAREDNESS RANKING

105/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.9%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	9.20	6.14
Total number	4,509	6,267

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

6.0%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

43.8%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Cambodia

ADULTS WITH OBESITY BY 2030

6.0%

LOW: RISING

ADULT OBESITY IN 2030

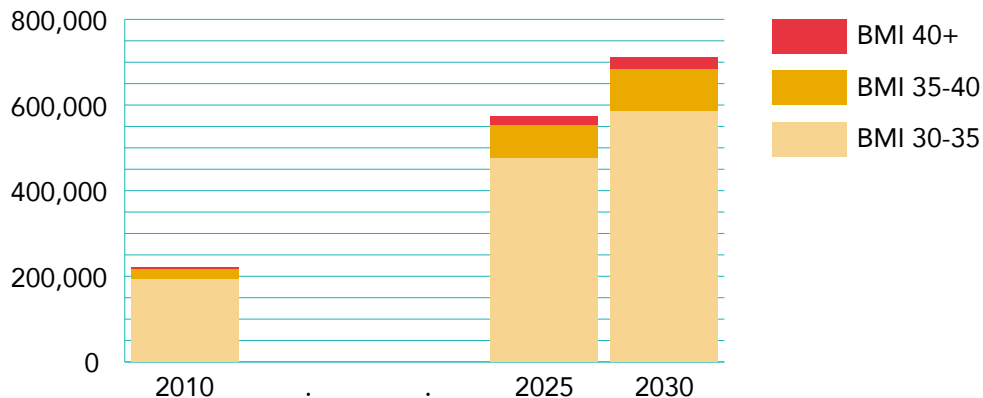
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	4.34	0.43	0.09
	Total number	247,061	24,6431	5,233
WOMEN	Prevalence (%)	7.44	1.65	0.37
	Total number	464,505	102,894	22,926

GLOBAL PREPAREDNESS RANKING

135/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.8%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	11.48	7.66
Total number	195,998	265,592

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

8.3%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

59.5%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Cameroon

ADULTS WITH OBESITY BY 2030

16.7%

MEDIUM

ADULT OBESITY IN 2030

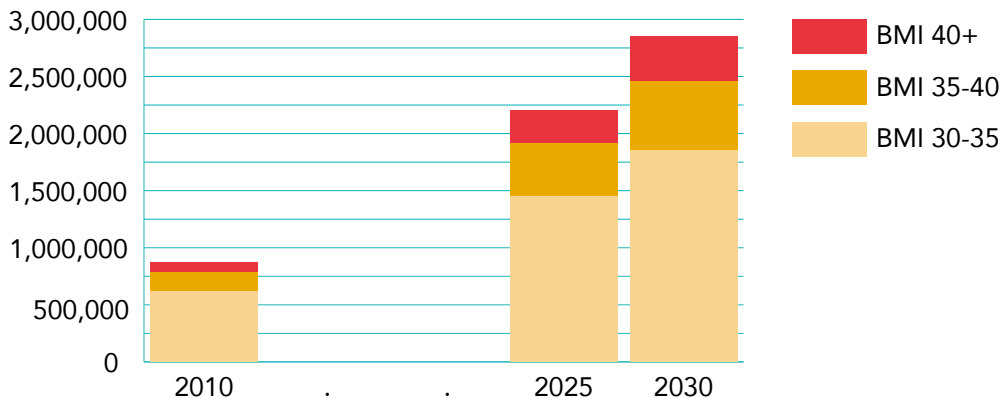
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	9.43	2.09	0.86
	Total number	798,932	176,812	72,599
WOMEN	Prevalence (%)	23.94	9.57	3.75
	Total number	2,053,343	821,046	321,253

GLOBAL PREPAREDNESS RANKING

166/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

2.9%

HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	8.25	5.52
Total number	357,418	422,330

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

6.3%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

70.4%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Canada

ADULTS WITH OBESITY BY 2030

38.5%

VERY HIGH

ADULT OBESITY IN 2030

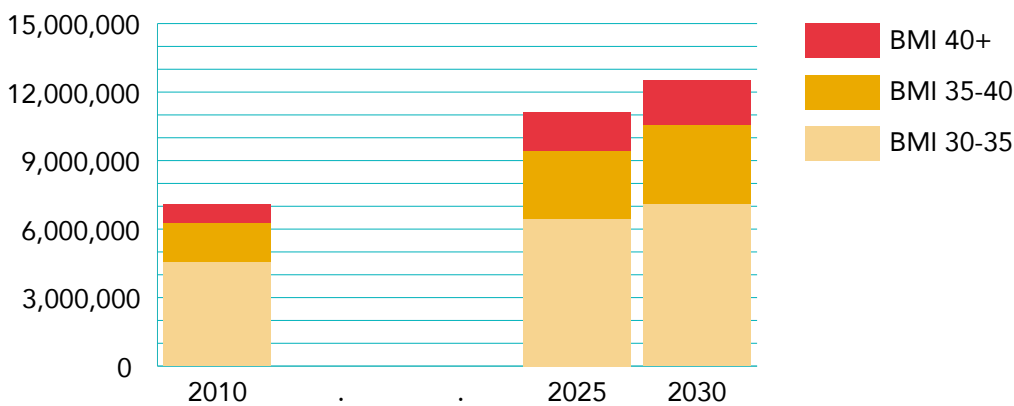
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	38.94	14.77	4.54
	Total number	6,264,762	2,375,821	730,728
WOMEN	Prevalence (%)	37.99	18.58	7.68
	Total number	6,271,328	3,067,467	1,268,361

GLOBAL PREPAREDNESS RANKING

26/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	18.04	14.99
Total number	367,251	626,878

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

1.8%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

26%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
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NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Central African Republic

ADULTS WITH OBESITY BY 2030

10.8%

MEDIUM

ADULT OBESITY IN 2030

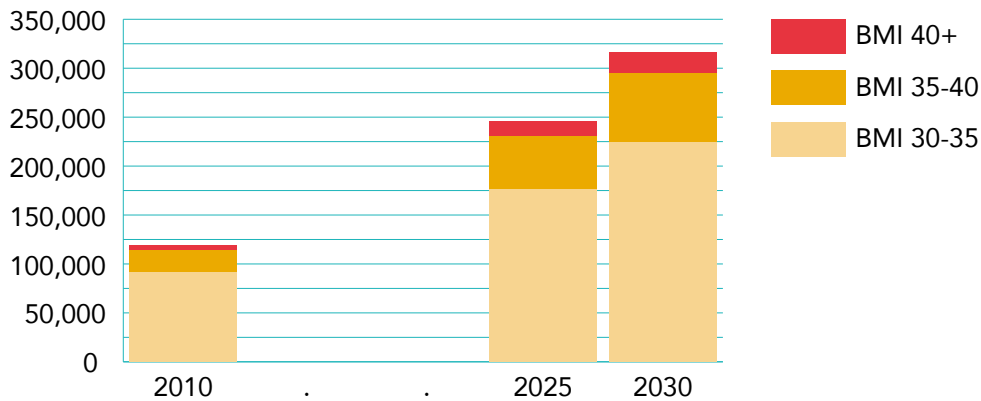
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	5.60	0.99	0.16
	Total number	80,143	14,164	2,293
WOMEN	Prevalence (%)	15.81	5.17	1.27
	Total number	235,876	77,110	18,918

GLOBAL PREPAREDNESS RANKING

179/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.0%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	7.91	5.30
Total number	61,349	73,203

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

7.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

68.8%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Chad

ADULTS WITH OBESITY BY 2030

9.0%

LOW:RISING

ADULT OBESITY IN 2030

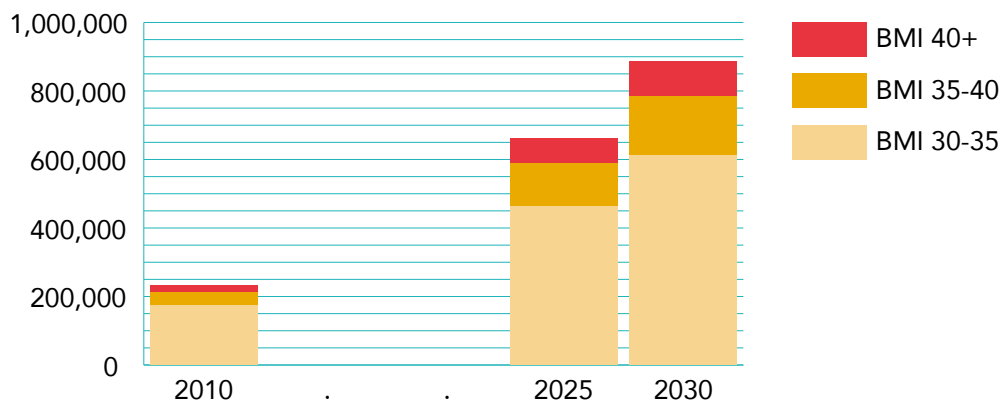
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	4.67	1.12	0.60
	Total number	228,664	54,928	29,164
WOMEN	Prevalence (%)	13.21	4.44	1.47
	Total number	658,342	221,579	73,471

GLOBAL PREPAREDNESS RANKING

158/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

3.1%

VERY HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	5.91	3.68
Total number	183,636	191,168

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

8.4%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

69.5%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Chile

ADULTS WITH OBESITY BY 2030

35.8%

VERY HIGH

ADULT OBESITY IN 2030

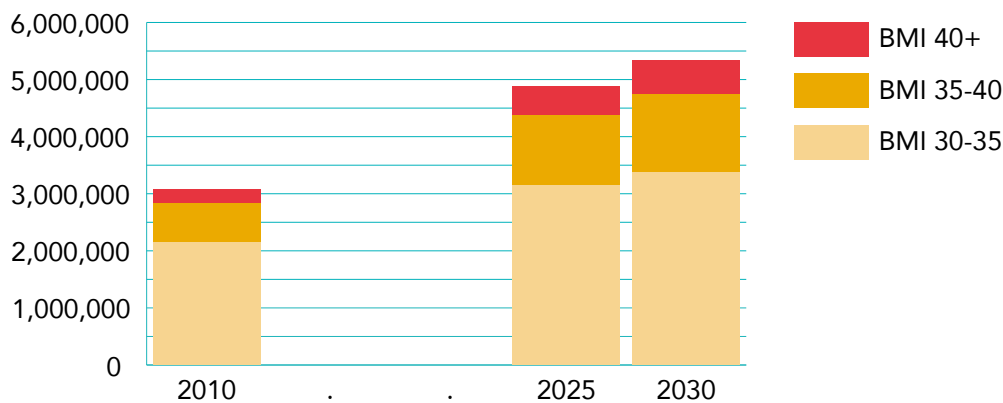
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	32.72	8.99	2.02
	Total number	2,389,011	656,363	147,404
WOMEN	Prevalence (%)	38.70	17.13	5.78
	Total number	2,950,043	1,306,021	440,526

GLOBAL PREPAREDNESS RANKING

37/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.6%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	24.78	19.75
Total number	272,367	473,104

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.5%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

31.3%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



China

ADULTS WITH OBESITY BY 2030

9.8%

LOW: RISING

ADULT OBESITY IN 2030

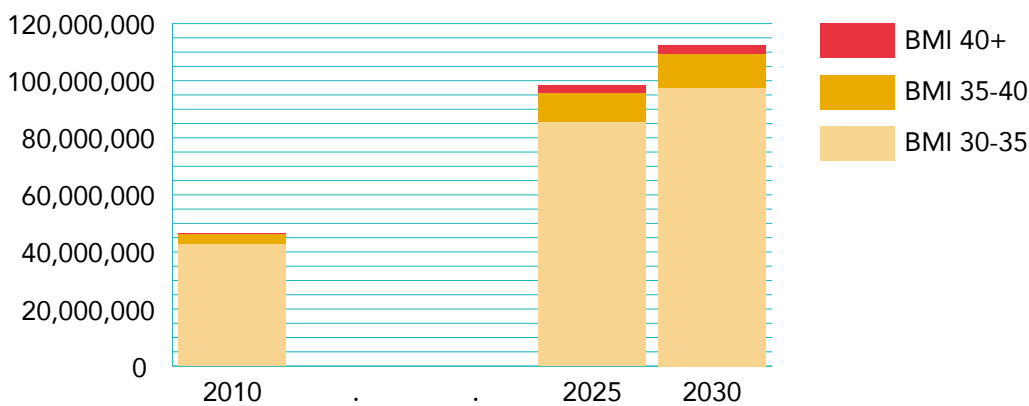
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	9.53	1.00	0.22
	Total number	55,346,811	5,811,961	1,302,036
WOMEN	Prevalence (%)	10.06	1.61	0.30
	Total number	56,964,663	9,097,382	1,704,390

GLOBAL PREPAREDNESS RANKING

47/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.9%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	32.00	21.77
Total number	24,378,823	36,996,381

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

6.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

37.1%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



China (Hong Kong SAR)

ADULTS WITH OBESITY BY 2030

13.5%

MEDIUM

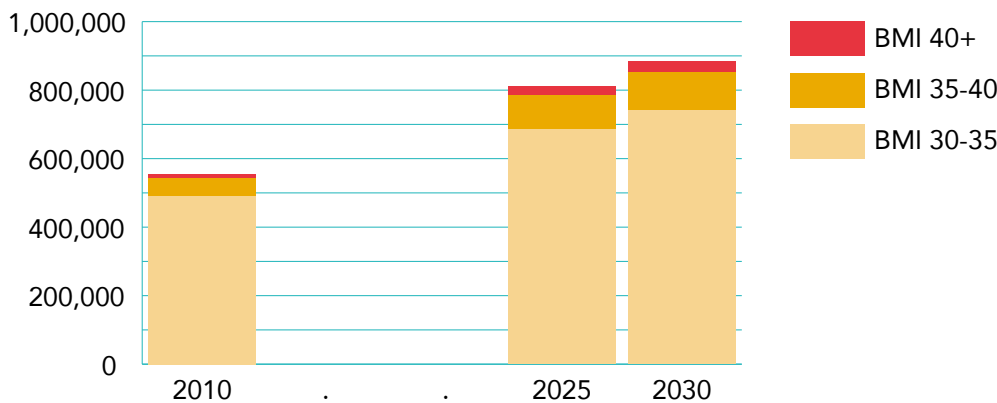
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	15.01	2.19	0.53
	Total number	433,416	63,288	15,187
WOMEN	Prevalence (%)	12.33	2.19	0.45
	Total number	450,520	79,990	16,560

GLOBAL PREPAREDNESS RANKING

N/A

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.7%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	19.37	14.62
Total number	74,947	101,768

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

N/A

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Colombia

ADULTS WITH OBESITY BY 2030

29.3%

HIGH

ADULT OBESITY IN 2030

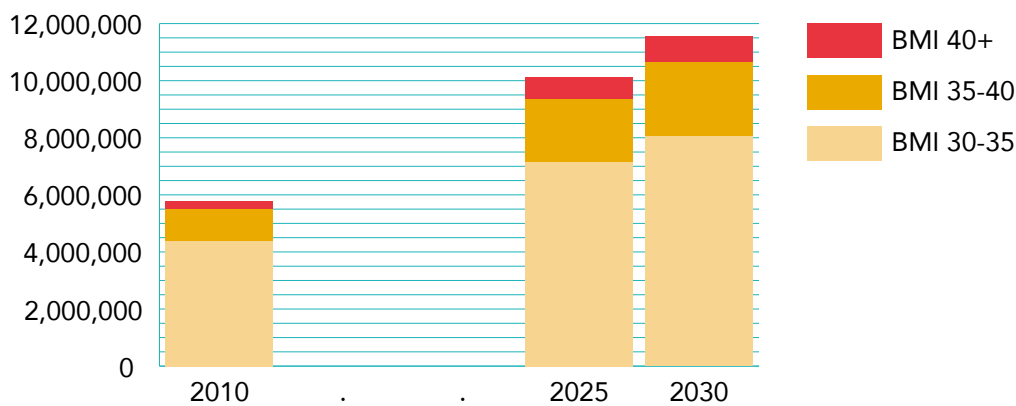
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	24.32	5.79	1.21
	Total number	4,627,446	1,102,274	230,416
WOMEN	Prevalence (%)	34.01	11.82	3.35
	Total number	6,927,359	2,408,171	682,988

GLOBAL PREPAREDNESS RANKING

76/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.9%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	14.44	11.14
Total number	500,166	814,062

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

33.6

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Comoros

ADULTS WITH OBESITY BY 2030

11.3%

MEDIUM

ADULT OBESITY IN 2030

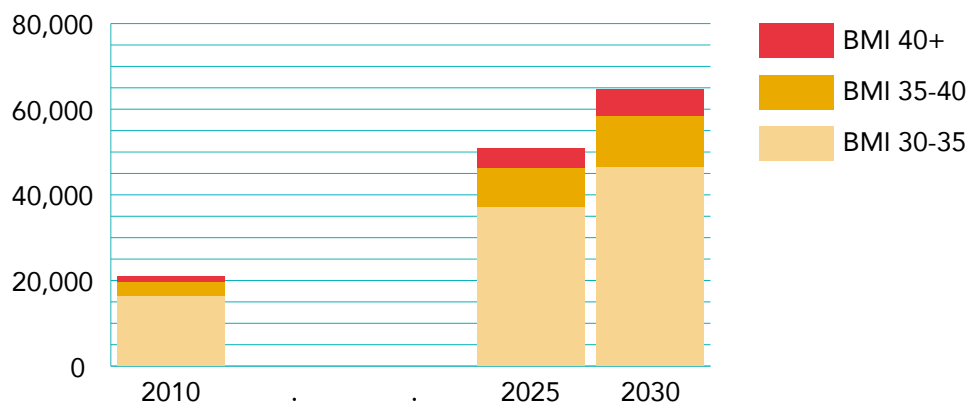
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	4.87	0.66	0.18
	Total number	13,919	1,899	521
WOMEN	Prevalence (%)	17.60	5.67	1.98
	Total number	50,681	16,327	5,701

GLOBAL PREPAREDNESS RANKING

167/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.9%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	9.08	6.12
Total number	11,442	14,081

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

7.4%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

64.9%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Congo

ADULTS WITH OBESITY BY 2030

13.8%

MEDIUM

ADULT OBESITY IN 2030

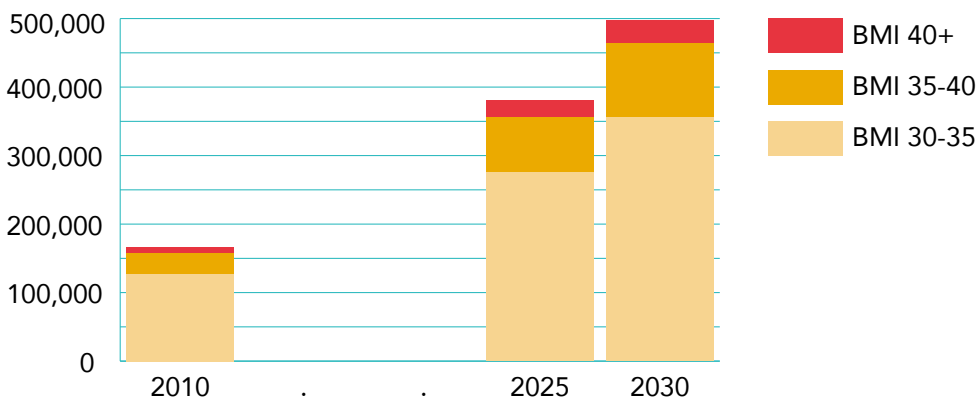
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	8.41	1.68	0.20
	Total number	150,351	30,004	3,623
WOMEN	Prevalence (%)	19.10	6.17	1.66
	Total number	347,053	112,197	30,120

GLOBAL PREPAREDNESS RANKING

137/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

2.8%

HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	6.60	4.78
Total number	57,848	75,166

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

7.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

63.2%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Cook Islands

ADULTS WITH OBESITY BY 2030

67.4%

VERY HIGH

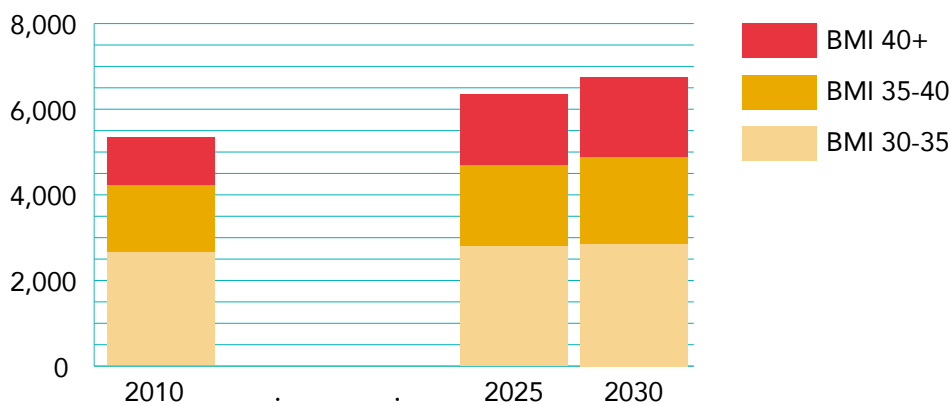
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	65.90	35.82	15.51
	Total number	3,295	1,791	776
WOMEN	Prevalence (%)	68.82	41.90	21.61
	Total number	3,441	2,095	1,080

GLOBAL PREPAREDNESS RANKING

N/A

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.1%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	45.88	41.57
Total number	459	831

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.4%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

N/A

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Costa Rica

ADULTS WITH OBESITY BY 2030

36.6%

VERY HIGH

ADULT OBESITY IN 2030

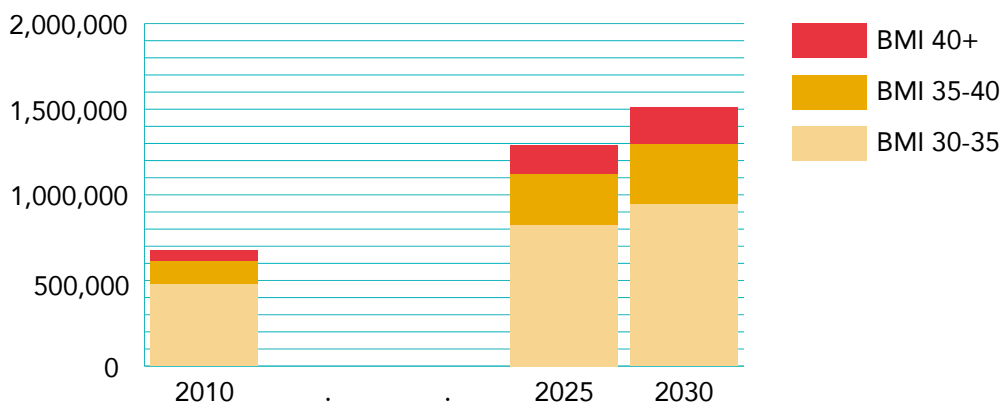
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	31.19	9.25	3.24
	Total number	635,748	188,447	66,037
WOMEN	Prevalence (%)	41.81	17.97	6.92
	Total number	872,593	374,997	114,368

GLOBAL PREPAREDNESS RANKING

69/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.5%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	24.20	18.90
Total number	79,383	133,975

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

37.5%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Cote D'Ivoire

ADULTS WITH OBESITY BY 2030

15.6%

MEDIUM

ADULT OBESITY IN 2030

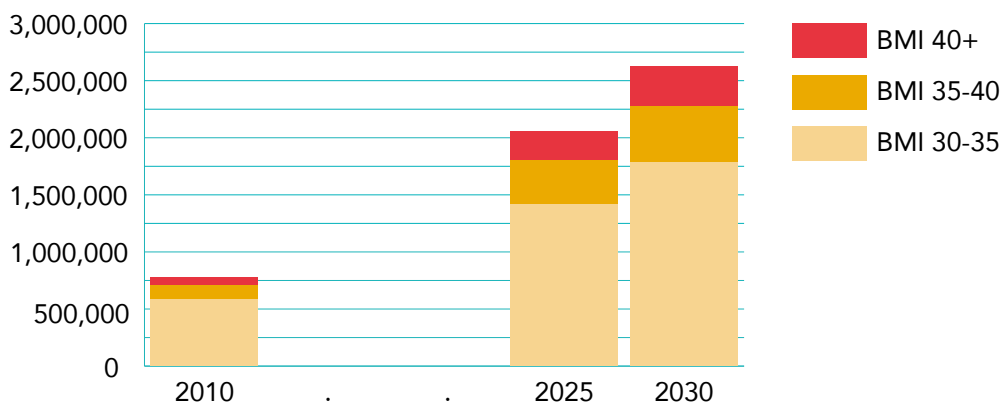
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	9.03	2.06	0.89
	Total number	760,694	173,589	75,256
WOMEN	Prevalence (%)	22.23	7.97	3.24
	Total number	1,864,489	668,097	271,363

GLOBAL PREPAREDNESS RANKING

150/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

3.1%

VERY HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	9.84	6.94
Total number	437,008	524,957

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

6.4%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

69%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Croatia

ADULTS WITH OBESITY BY 2030

31.4%

VERY HIGH

ADULT OBESITY IN 2030

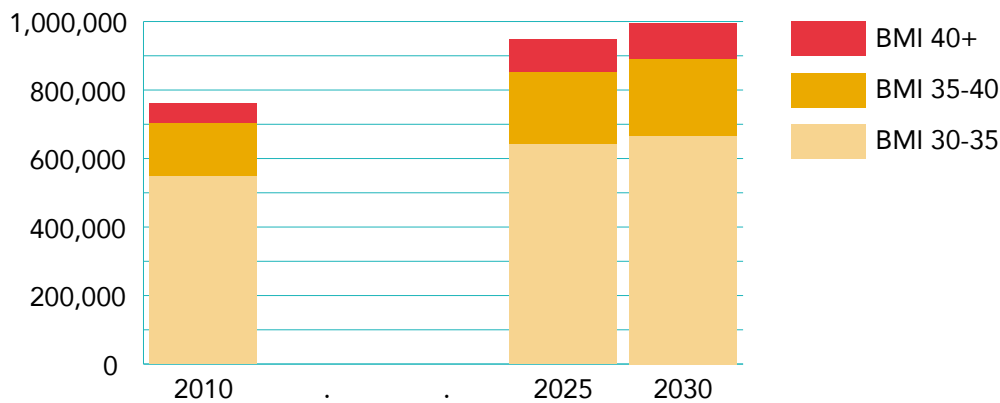
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	32.40	8.12	1.91
	Total number	489,838	122,780	28,928
WOMEN	Prevalence (%)	30.49	12.45	4.62
	Total number	504,897	206,230	76,433

GLOBAL PREPAREDNESS RANKING

25/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.7%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	23.19	16.37
Total number	38,729	62,682

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.1%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

24.8%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Cuba

ADULTS WITH OBESITY BY 2030

32.2%

VERY HIGH

ADULT OBESITY IN 2030

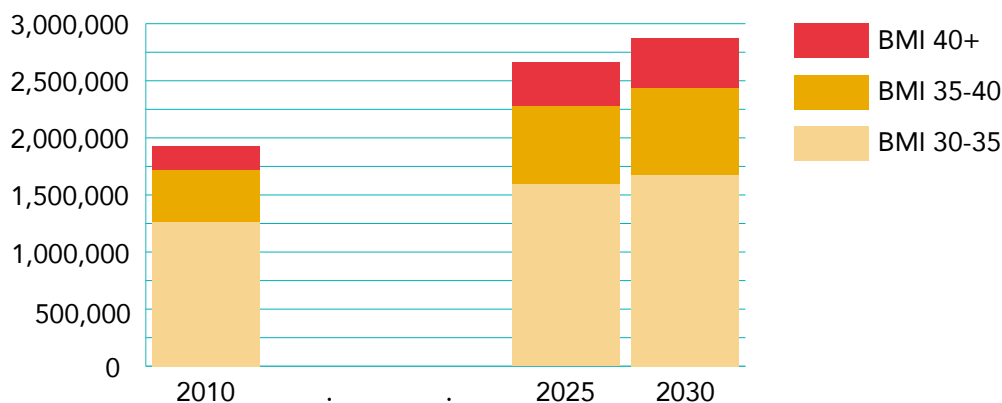
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	26.36	8.97	3.25
	Total number	1,157,589	393,684	142,781
WOMEN	Prevalence (%)	37.81	17.72	6.56
	Total number	1,718,429	805,586	298,233

GLOBAL PREPAREDNESS RANKING

33/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	21.09	15.08
Total number	110,499	179,427

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

2.8%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

33.4%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Cyprus

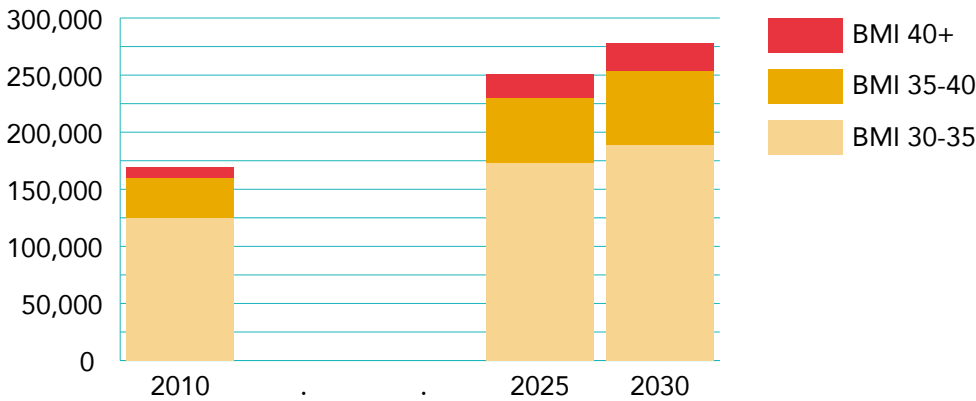
ADULTS WITH OBESITY BY 2030
27.3%
 HIGH

ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	28.64	8.03	2.08
	Total number	144,326	40,494	10,504
WOMEN	Prevalence (%)	26.05	9.45	2.74
	Total number	133,400	48,383	14,038

GLOBAL PREPAREDNESS RANKING
31/183
 GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030
1.4%
 MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	19.50	14.02
Total number	11,702	19,768

ANNUAL INCREASE IN CHILD OBESITY 2010-2030
1.7%
 MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS
21.6%
 LOW

REFERENCES

Obesity data:
 NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
 Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
 World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
 calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Czech Republic

ADULTS WITH OBESITY BY 2030

31.2%

VERY HIGH

ADULT OBESITY IN 2030

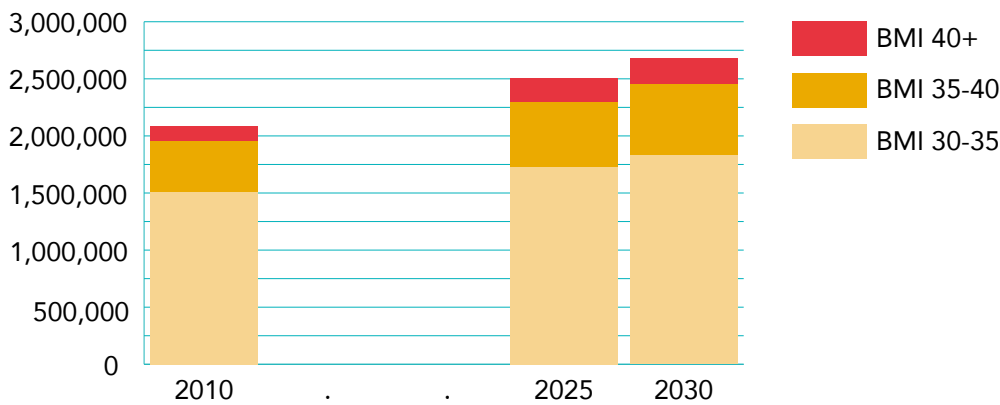
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	33.36	8.50	2.06
	Total number	1,401,612	357,216	86,488
WOMEN	Prevalence (%)	29.15	11.31	3.32
	Total number	1,281,150	497,099	145,775

GLOBAL PREPAREDNESS RANKING

21/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.2%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	19.13	13.96
Total number	101,020	157,795

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

25.9%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Democratic Republic of Congo

ADULTS WITH OBESITY BY 2030

10.1%

MEDIUM

ADULT OBESITY IN 2030

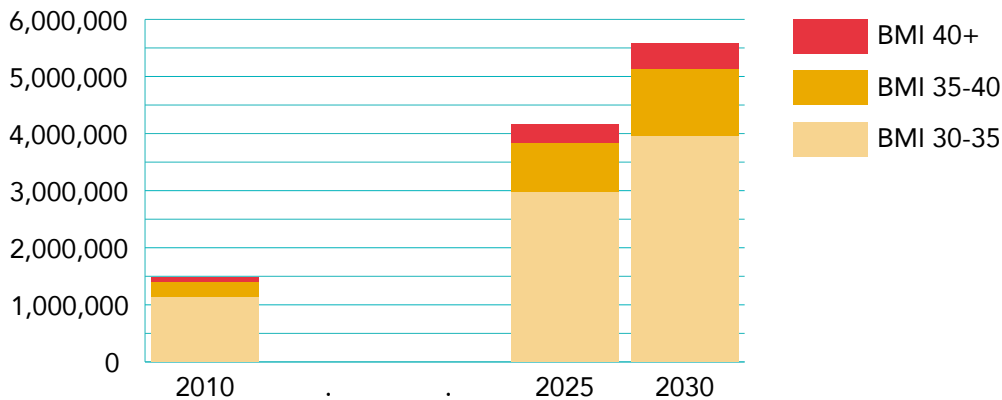
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	5.55	0.92	0.16
	Total number	1,518,357	251,696	45,110
WOMEN	Prevalence (%)	14.50	4.90	1.42
	Total number	4,057,208	1,371,269	396,516

GLOBAL PREPAREDNESS RANKING

165/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

3.3%

VERY HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	8.19	5.36
Total number	1,392,556	1,531,187

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

8.4%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

61.8%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Denmark

ADULTS WITH OBESITY BY 2030

25.4%

HIGH

ADULT OBESITY IN 2030

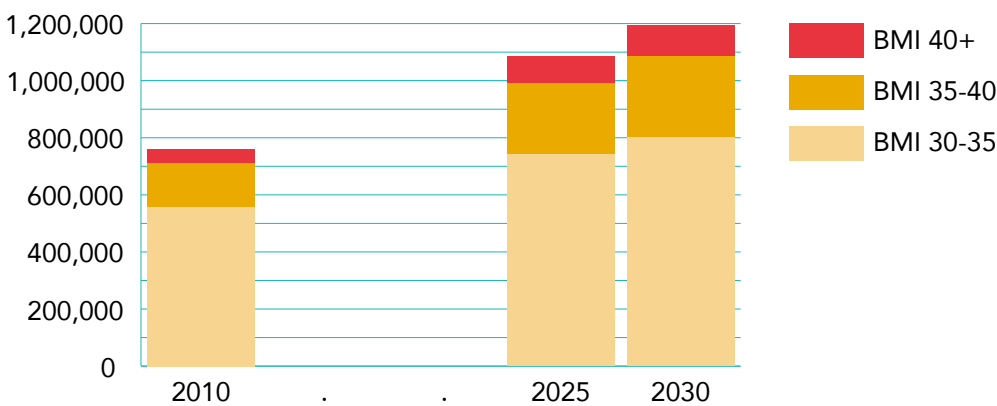
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	29.74	9.30	2.34
	Total number	688,223	215,227	54,252
WOMEN	Prevalence (%)	21.13	7.41	2.27
	Total number	505,169	177,276	54,286

GLOBAL PREPAREDNESS RANKING

12/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.7%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	10.56	7.34
Total number	34,962	45,864

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

0.9%

LOW

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

21.4%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Djibouti

ADULTS WITH OBESITY BY 2030

17.4%

MEDIUM

ADULT OBESITY IN 2030

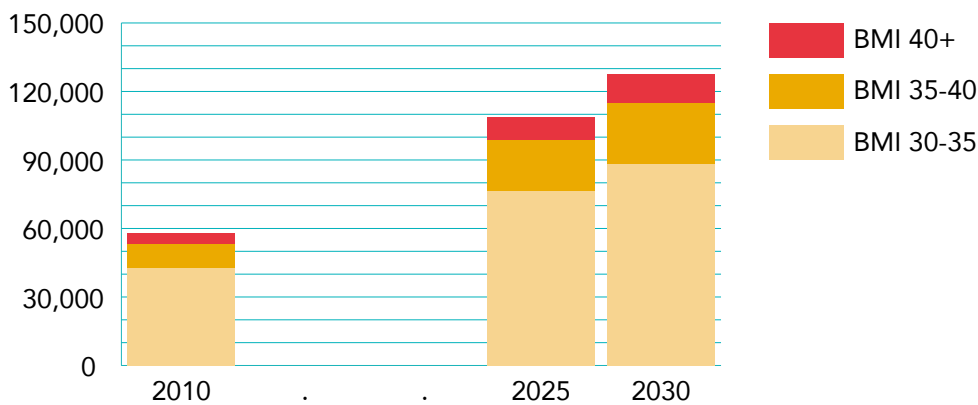
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	11.92	2.54	0.71
	Total number	46,016	9,792	2,723
WOMEN	Prevalence (%)	23.55	8.52	2.87
	Total number	81,482	29,479	9,947

GLOBAL PREPAREDNESS RANKING

151/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.9%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	10.88	7.37
Total number	11,382	14,376

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.7%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

59.7%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Dominica

ADULTS WITH OBESITY BY 2030

36.3%

VERY HIGH

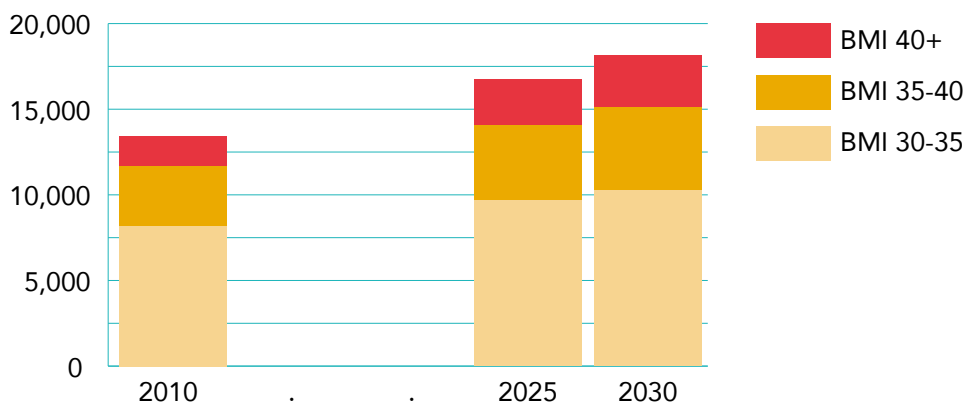
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	27.85	8.36	2.77
	Total number	6,962	2,090	694
WOMEN	Prevalence (%)	44.80	23.20	9.34
	Total number	11,200	5,801	2,336

GLOBAL PREPAREDNESS RANKING

N/A

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	26.08	20.79
Total number	1,304	2,079

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.1%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

N/A

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Dominican Republic

ADULTS WITH OBESITY BY 2030

39.2%

VERY HIGH

ADULT OBESITY IN 2030

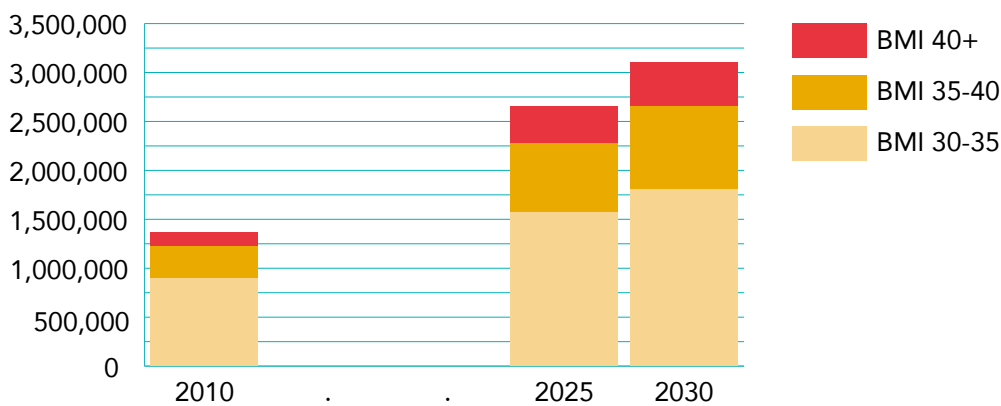
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	31.63	9.84	2.81
	Total number	1,231,359	382,924	109,322
WOMEN	Prevalence (%)	46.46	22.68	8.49
	Total number	1,872,620	914,346	342,363

GLOBAL PREPAREDNESS RANKING

91/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

2.5%

HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	27.69	21.98
Total number	265,531	432,186

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

3.7%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

43%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Ecuador

ADULTS WITH OBESITY BY 2030

26.5%

HIGH

ADULT OBESITY IN 2030

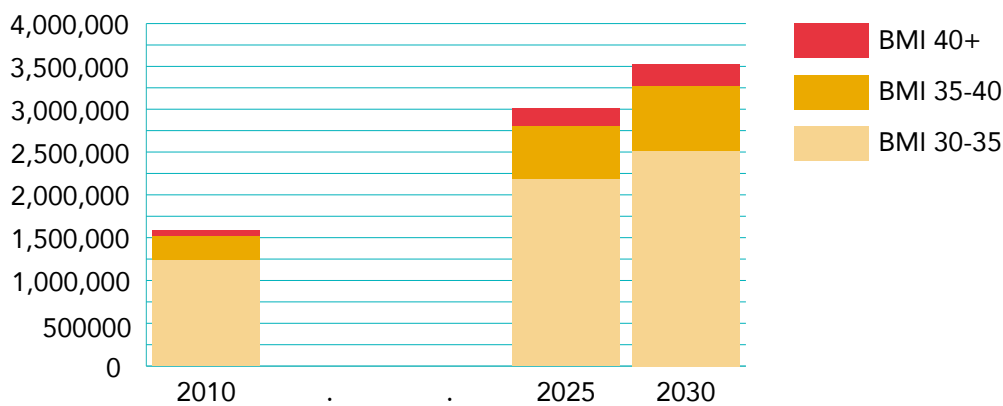
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	20.82	4.05	0.94
	Total number	1,366,255	265,968	61,962
WOMEN	Prevalence (%)	32.10	11.11	2.99
	Total number	2,159,758	747,642	201,511

GLOBAL PREPAREDNESS RANKING

78/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.0%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	18.95	14.03
Total number	312,783	456,617

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

38.3%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Egypt

ADULTS WITH OBESITY BY 2030

41.6%

VERY HIGH

ADULT OBESITY IN 2030

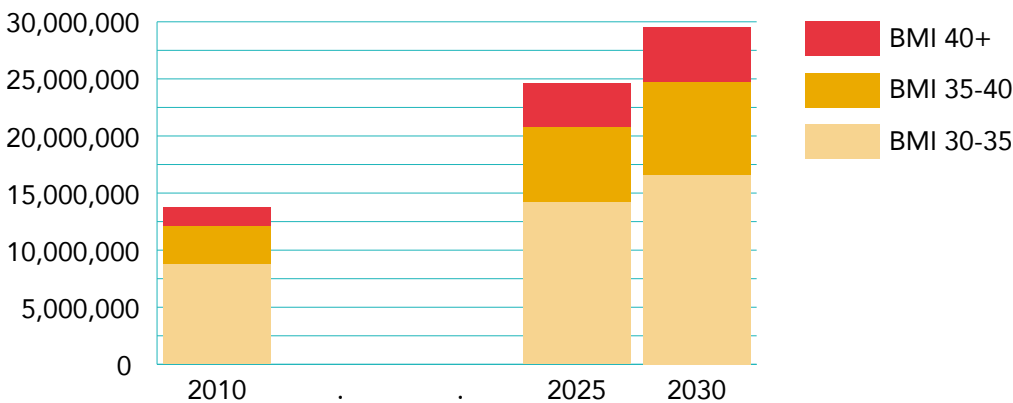
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	31.41	10.47	2.96
	Total number	11,121,247	3,707,247	1,049,080
WOMEN	Prevalence (%)	51.69	25.94	10.65
	Total number	18,424,782	9,245,659	3,795,469

GLOBAL PREPAREDNESS RANKING

103/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	29.46	22.76
Total number	2,643,046	5,667,188

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.9%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

55%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



El Salvador

ADULTS WITH OBESITY BY 2030

33.2%

VERY HIGH

ADULT OBESITY IN 2030

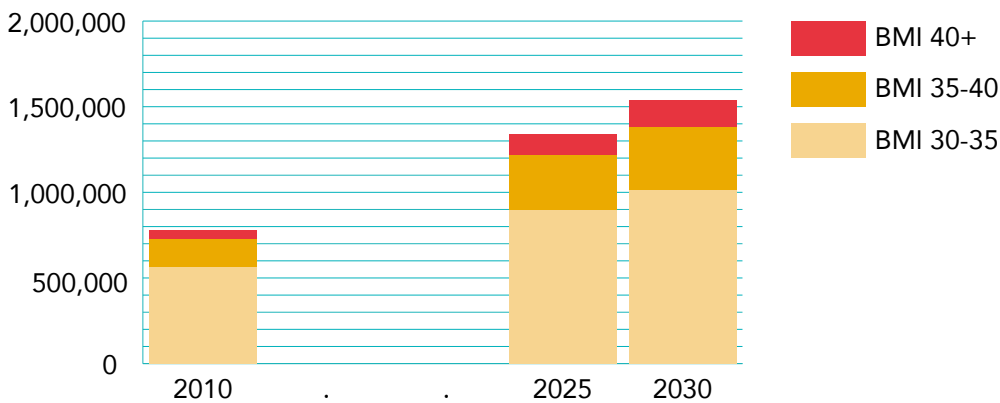
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	26.93	6.99	2.05
	Total number	555,571	144,150	42,299
WOMEN	Prevalence (%)	38.31	14.95	4.37
	Total number	981,899	383,142	112,062

GLOBAL PREPAREDNESS RANKING

98/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.1%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	22.10	17.24
Total number	120,442	188,244

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.6%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

39.2%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Equatorial Guinea

ADULTS WITH OBESITY BY 2030

10.7%

MEDIUM

ADULT OBESITY IN 2030

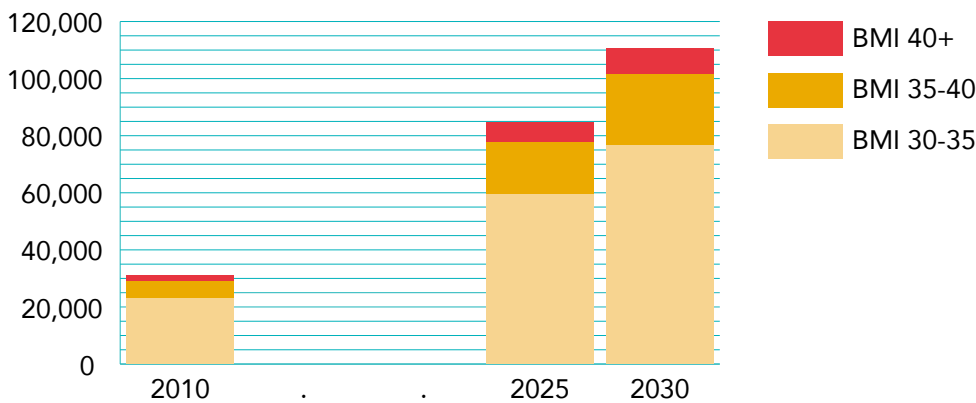
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	5.63	1.01	0.18
	Total number	34,317	6,172	1,086
WOMEN	Prevalence (%)	17.99	6.59	1.94
	Total number	76,461	28,017	8,228

GLOBAL PREPAREDNESS RANKING

136/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.8%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	7.78	5.21
Total number	17,126	19,591

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

7.8%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

68.7%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Eritrea

ADULTS WITH OBESITY BY 2030

7.3%

LOW: RISING

ADULT OBESITY IN 2030

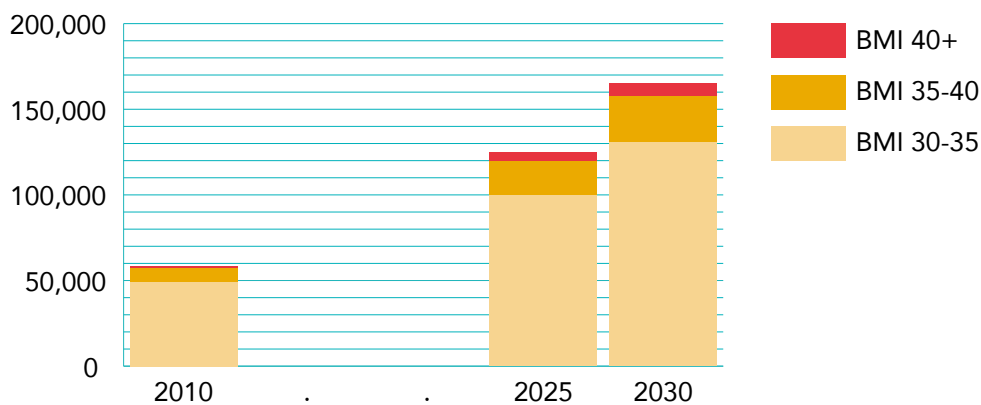
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	3.11	0.36	0.10
	Total number	34,730	3,977	1,128
WOMEN	Prevalence (%)	11.43	2.68	0.57
	Total number	130,330	30,527	6,493

GLOBAL PREPAREDNESS RANKING

147/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.4%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	8.44	5.50
Total number	41,945	52,569

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

9.1%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

55.8%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Estonia

ADULTS WITH OBESITY BY 2030

25.4%

HIGH

ADULT OBESITY IN 2030

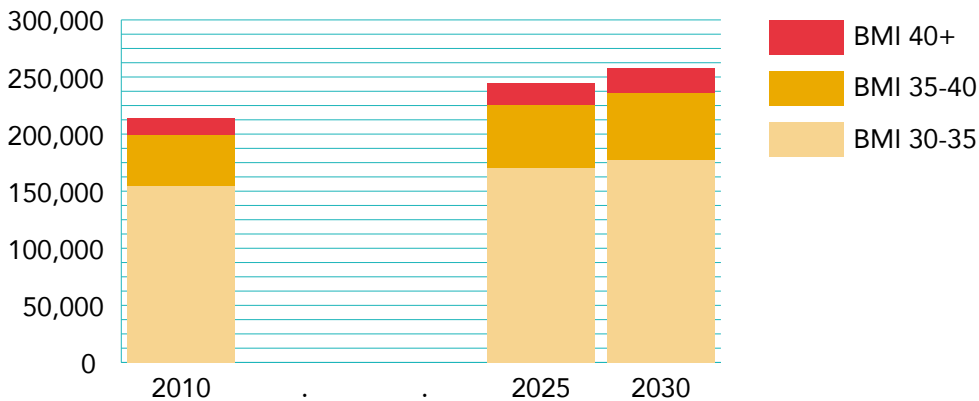
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	26.38	6.46	1.55
	Total number	126,083	30,880	7,423
WOMEN	Prevalence (%)	24.49	9.21	2.68
	Total number	131,980	49,620	14,453

GLOBAL PREPAREDNESS RANKING

22/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.1%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	13.43	9.11
Total number	8,732	13,030

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

4.0%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

25.7%

LOW

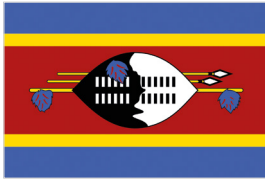
REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Eswatini

ADULTS WITH OBESITY BY 2030

21.7%

HIGH

ADULT OBESITY IN 2030

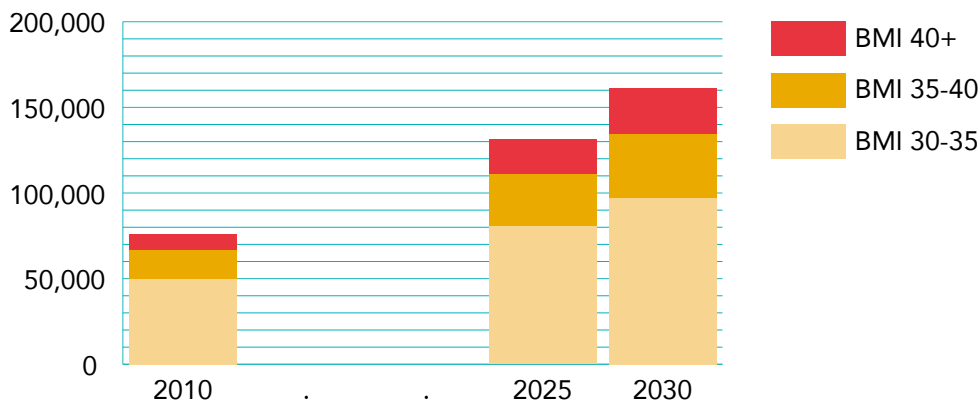
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	8.05	1.96	0.80
	Total number	29,137	7,113	2,880
WOMEN	Prevalence (%)	34.77	15.04	6.27
	Total number	132,122	57,170	23,837

GLOBAL PREPAREDNESS RANKING

133/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.9%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	18.63	14.49
Total number	25,528	40,428

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

8.1%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

59.1%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Ethiopia

ADULTS WITH OBESITY BY 2030

6.8%

LOW: RISING

ADULT OBESITY IN 2030

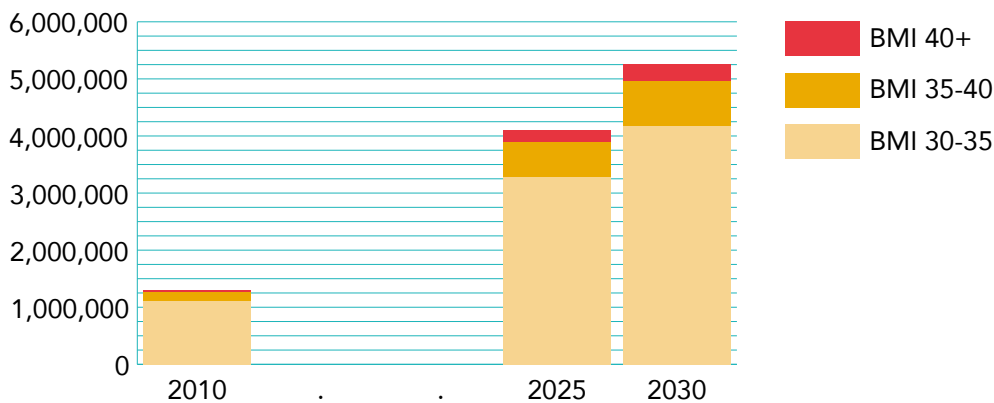
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	2.96	0.33	0.09
	Total number	1,133,156	124,462	36,058
WOMEN	Prevalence (%)	10.56	2.44	0.68
	Total number	4,119,245	952,218	263,835

GLOBAL PREPAREDNESS RANKING

143/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.5%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	6.00	3.33
Total number	1,060,081	1,049,247

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

10.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

55.1%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Fiji

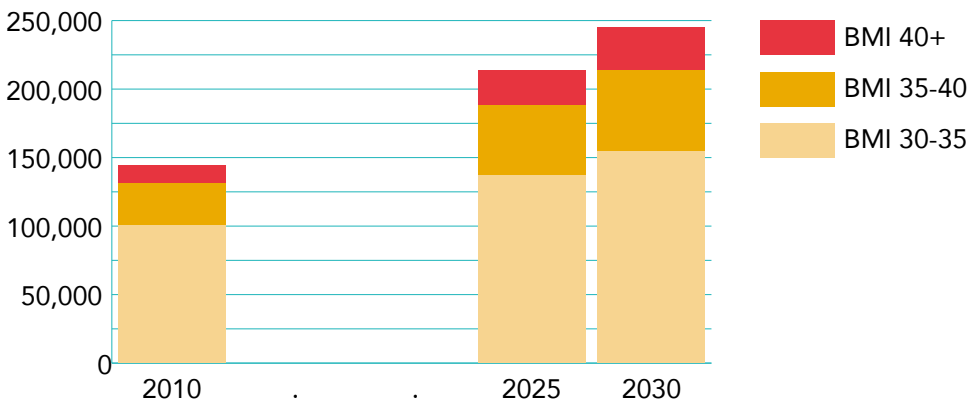
ADULTS WITH OBESITY BY 2030
39.3%
 VERY HIGH

ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	34.39	10.11	3.17
	Total number	107,655	31,643	9,937
WOMEN	Prevalence (%)	44.32	19.04	6.80
	Total number	137,384	59,027	21,071

GLOBAL PREPAREDNESS RANKING
134/183
 POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030
1.8%
 MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	21.30	16.50
Total number	18,317	28,716

ANNUAL INCREASE IN CHILD OBESITY 2010-2030
3.6%
 VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS
63.9%
 VERY HIGH

REFERENCES

Obesity data:
 NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
 Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
 World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
 calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Finland

ADULTS WITH OBESITY BY 2030

28.2%

HIGH

ADULT OBESITY IN 2030

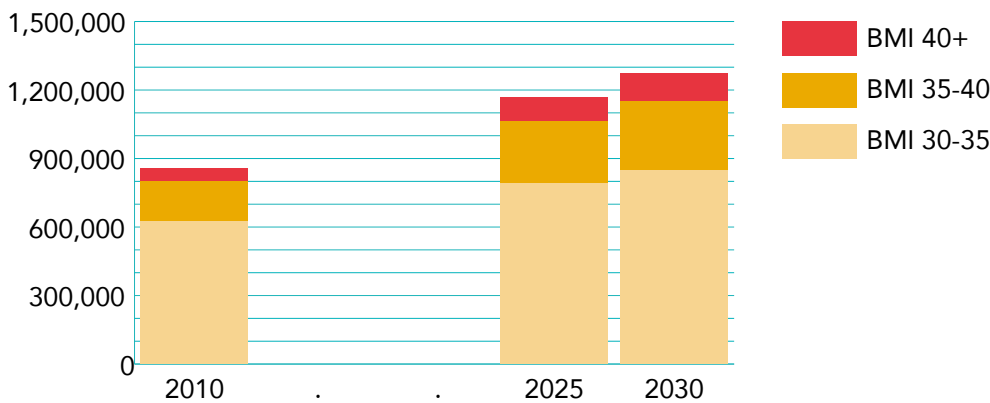
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	31.06	9.49	2.15
	Total number	685,223	209,340	47,367
WOMEN	Prevalence (%)	25.52	9.30	3.09
	Total number	586,043	213,427	70,943

GLOBAL PREPAREDNESS RANKING

3/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.6%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	14.74	10.43
Total number	36,691	60,996

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.9%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

19.6%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



France

ADULTS WITH OBESITY BY 2030

27.5%

HIGH

ADULT OBESITY IN 2030

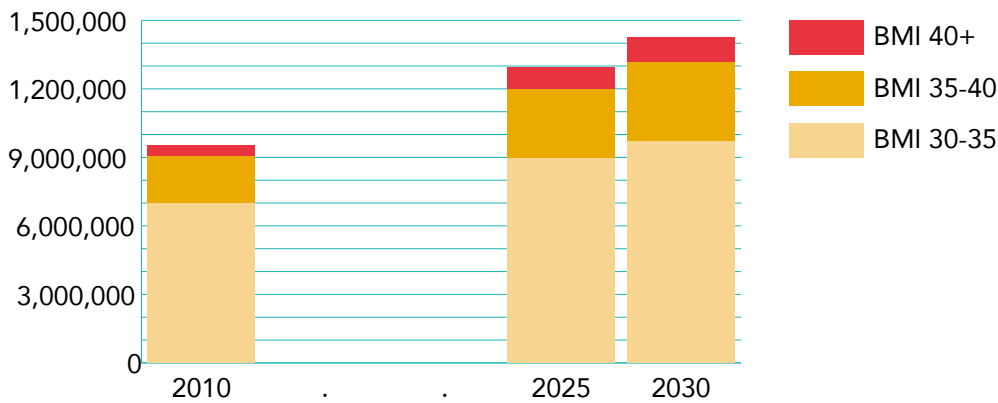
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	29.18	7.56	1.58
	Total number	7,216,050	1,869,280	391,194
WOMEN	Prevalence (%)	25.88	9.79	2.63
	Total number	7,037,123	2,663,083	716,439

GLOBAL PREPAREDNESS RANKING

6/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.6%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	13.90	10.02
Total number	498,029	769,999

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.3%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

22.1%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



French Polynesia

ADULTS WITH OBESITY BY 2030

60.8%

VERY HIGH

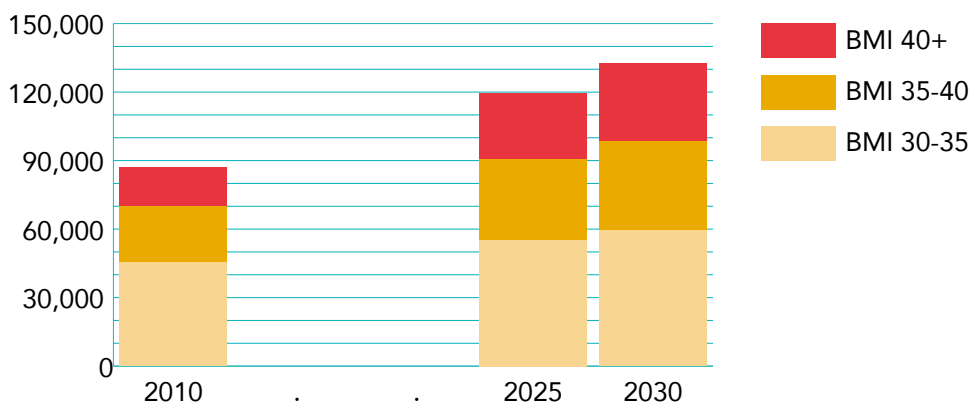
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	58.21	29.95	12.77
	Total number	63,452	32,645	13,921
WOMEN	Prevalence (%)	63.34	37.17	18.23
	Total number	69,041	40,520	19,871

GLOBAL PREPAREDNESS RANKING

N/A

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.0%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	41.98	37.26
Total number	7,977	14,532

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.6%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

N/A

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Gabon

ADULTS WITH OBESITY BY 2030

20.8%

HIGH

ADULT OBESITY IN 2030

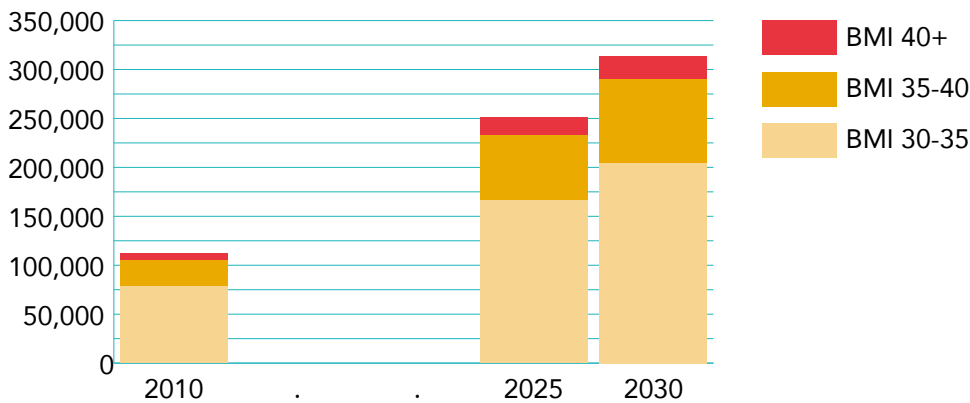
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	14.37	3.38	0.60
	Total number	110,398	25,940	4,584
WOMEN	Prevalence (%)	27.37	11.19	2.59
	Total number	203,104	83,037	19,253

GLOBAL PREPAREDNESS RANKING

146/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.3%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	9.83	6.53
Total number	31,354	38,706

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

54.5%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Gambia

ADULTS WITH OBESITY BY 2030

15.6%

MEDIUM

ADULT OBESITY IN 2030

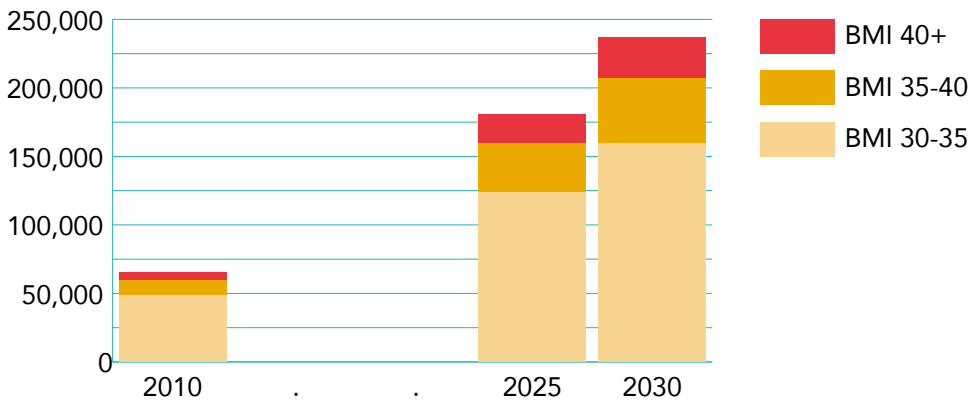
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	8.93	1.93	0.65
	Total number	66,007	14,229	4,803
WOMEN	Prevalence (%)	22.00	8.16	3.21
	Total number	171,181	63,472	24,981

GLOBAL PREPAREDNESS RANKING

174/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.1%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	8.52	5.63
Total number	37,062	41,622

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

6.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

65.6%

VERY HIGH

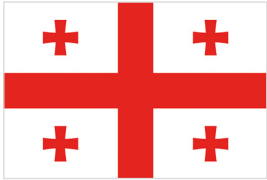
REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Georgia

ADULTS WITH OBESITY BY 2030

29.3%

HIGH

ADULT OBESITY IN 2030

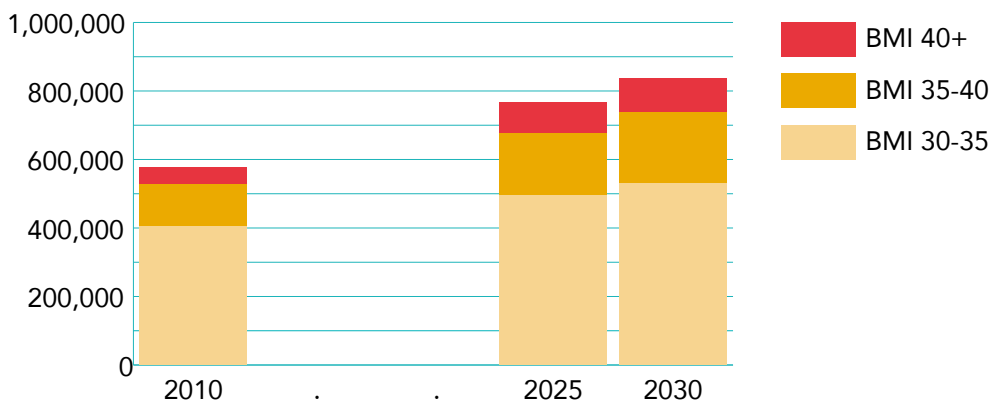
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	26.67	7.96	1.82
	Total number	351,518	104,928	24,042
WOMEN	Prevalence (%)	31.57	13.07	5.00
	Total number	485,492	200,973	76,859

GLOBAL PREPAREDNESS RANKING

74/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.2%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	15.44	11.58
Total number	36,446	63,097

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

32.6%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Germany

ADULTS WITH OBESITY BY 2030

28.5%

HIGH

ADULT OBESITY IN 2030

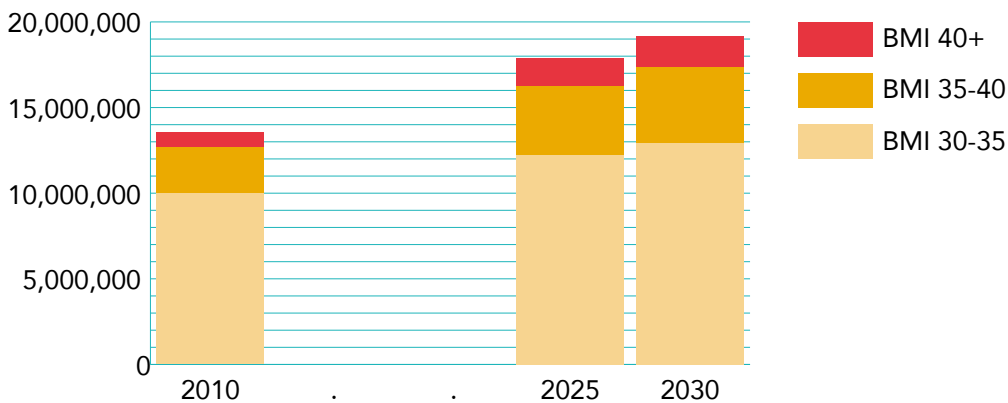
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	31.64	9.50	2.45
	Total number	10,493,326	3,149,803	813,571
WOMEN	Prevalence (%)	25.41	9.07	3.01
	Total number	8,690,846	3,103,359	1,028,857

GLOBAL PREPAREDNESS RANKING

15/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.6%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	15.02	11.09
Total number	595,552	886,436

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.2%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

23.8%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Ghana

ADULTS WITH OBESITY BY 2030

15.6%

MEDIUM

ADULT OBESITY IN 2030

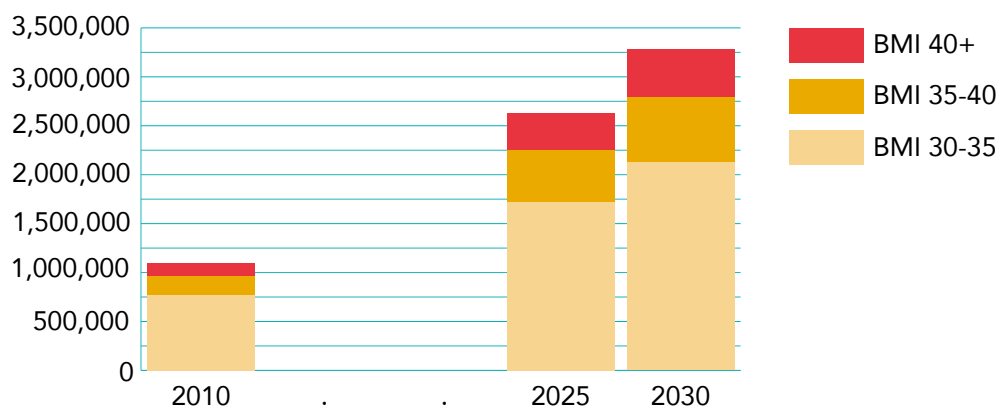
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	7.09	1.52	0.53
	Total number	752,695	160,993	56,344
WOMEN	Prevalence (%)	24.22	9.54	4.11
	Total number	2,528,027	995,292	429,037

GLOBAL PREPAREDNESS RANKING

148/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.9%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	6.64	4.13
Total number	286,483	326,159

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

6.3%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

66.4%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Greece

ADULTS WITH OBESITY BY 2030

31.4%

VERY HIGH

ADULT OBESITY IN 2030

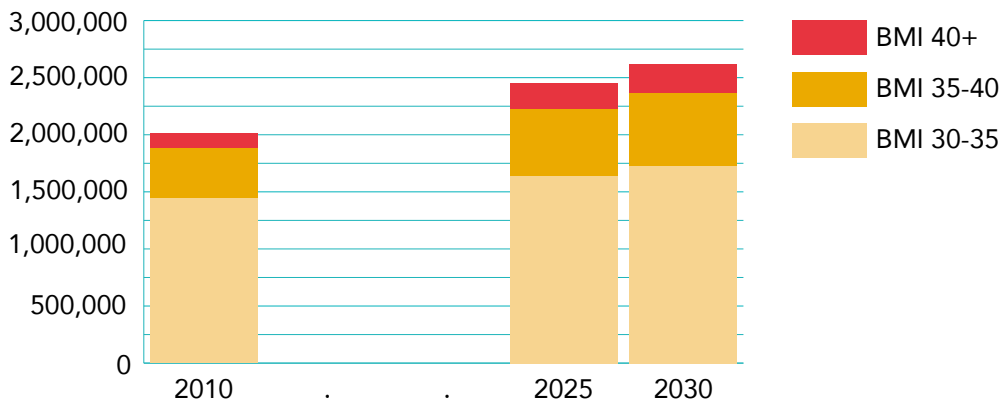
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	32.15	9.52	2.64
	Total number	1,307,290	386,888	107,345
WOMEN	Prevalence (%)	30.66	11.86	3.59
	Total number	1,313,713	508,130	153,803

GLOBAL PREPAREDNESS RANKING

28/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.5%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	22.76	16.23
Total number	80,793	142,822

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.1%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

19.8%

LOW

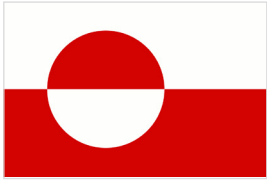
REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Greenland

ADULTS WITH OBESITY BY 2030

29.6%

HIGH

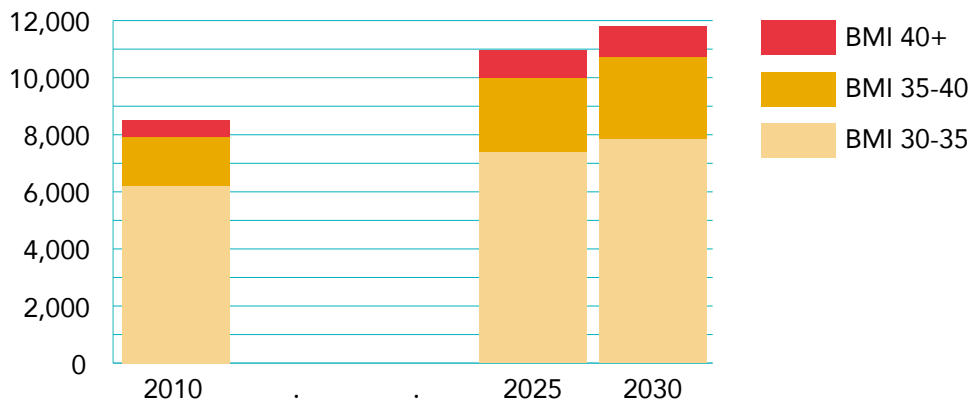
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	31.82	9.44	2.28
	Total number	6,364	1,887	455
WOMEN	Prevalence (%)	27.31	10.54	3.33
	Total number	5,461	2,108	666

GLOBAL PREPAREDNESS RANKING

N/A

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.7%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	14.81	10.56
Total number	592	845

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.0%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

N/A

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Grenada

ADULTS WITH OBESITY BY 2030

28.8%

HIGH

ADULT OBESITY IN 2030

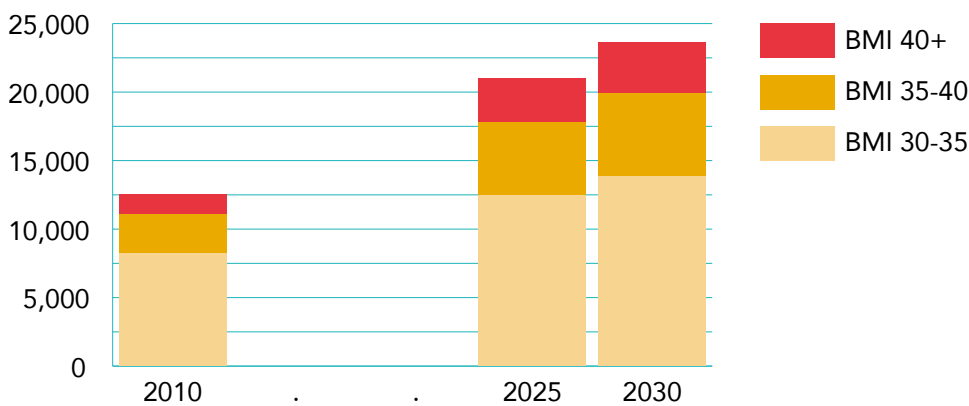
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	19.32	4.90	1.32
	Total number	8,115	2,059	555
WOMEN	Prevalence (%)	38.83	19.40	7.88
	Total number	15,531	7,759	3,152

GLOBAL PREPAREDNESS RANKING

117/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.2%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	22.47	17.46
Total number	1,798	3,142

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.6%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

41.5%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Guatemala

ADULTS WITH OBESITY BY 2030

28.9%

HIGH

ADULT OBESITY IN 2030

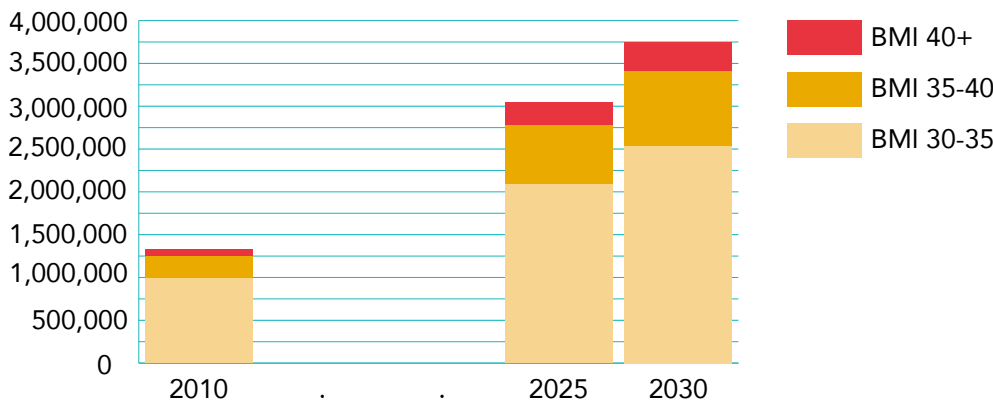
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	21.66	4.79	1.01
	Total number	1,359,290	300,530	63,569
WOMEN	Prevalence (%)	35.60	13.59	4.14
	Total number	2,390,775	912,729	278,193

GLOBAL PREPAREDNESS RANKING

128/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.3%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	20.59	15.51
Total number	432,153	621,728

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.4%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

53.1%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Guinea

ADULTS WITH OBESITY BY 2030

11.6%

MEDIUM

ADULT OBESITY IN 2030

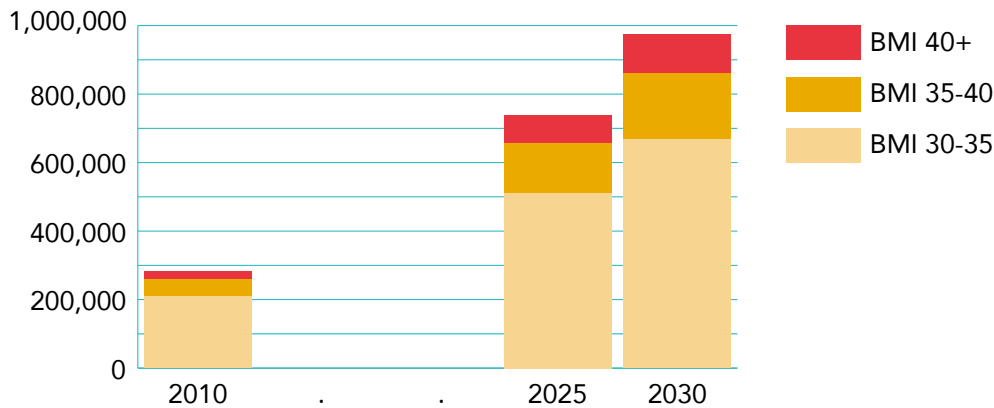
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	5.67	1.20	0.47
	Total number	228,375	48,194	18,939
WOMEN	Prevalence (%)	16.97	5.90	2.13
	Total number	746,893	259,869	93,678

GLOBAL PREPAREDNESS RANKING

157/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.9%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	6.41	3.94
Total number	144,347	152,396

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

8.1%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

68.1%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Guinea-Bissau

ADULTS WITH OBESITY BY 2030

14.5%

MEDIUM

ADULT OBESITY IN 2030

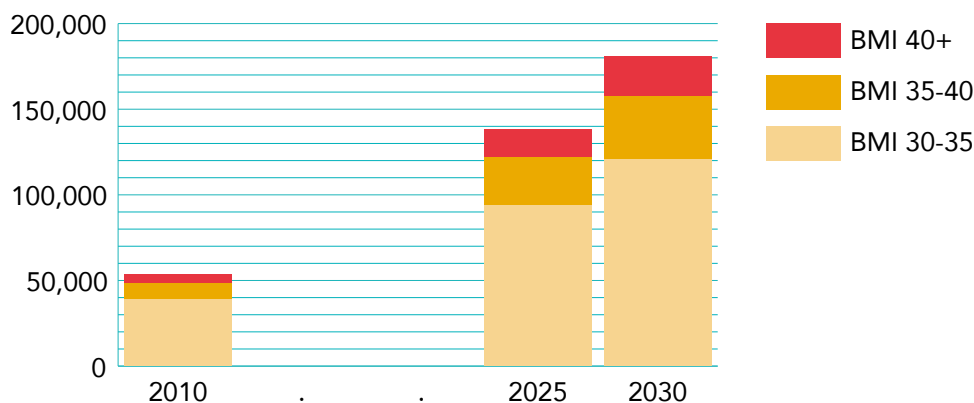
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	7.94	1.79	0.76
	Total number	47,629	10,727	4,538
WOMEN	Prevalence (%)	20.55	7.57	2.83
	Total number	132,931	49,009	18,287

GLOBAL PREPAREDNESS RANKING

177/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.2%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	8.28	5.42
Total number	25,991	30,608

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

7.6%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

69.7%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Guyana

ADULTS WITH OBESITY BY 2030

27.5%

HIGH

ADULT OBESITY IN 2030

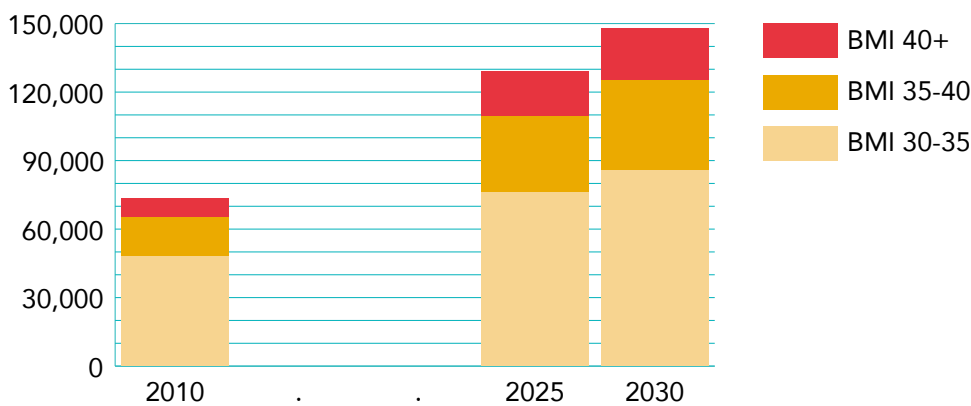
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	18.49	5.71	2.22
	Total number	49,928	15,428	6,001
WOMEN	Prevalence (%)	36.50	17.54	6.39
	Total number	98,186	47,191	17,189

GLOBAL PREPAREDNESS RANKING

124/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.3%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	22.28	17.38
Total number	15,597	24,673

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

51.7%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Haiti

ADULTS WITH OBESITY BY 2030

34.0%

VERY HIGH

ADULT OBESITY IN 2030

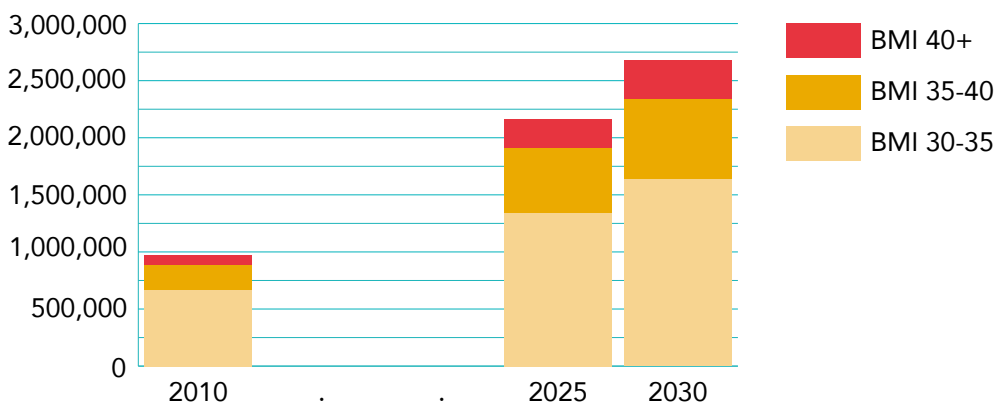
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	28.22	8.62	2.82
	Total number	1,079,301	329,899	107,679
WOMEN	Prevalence (%)	39.37	17.60	5.61
	Total number	1,594,760	712,904	227,249

GLOBAL PREPAREDNESS RANKING

149/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.1%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	24.91	19.10
Total number	303,608	461,231

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.4%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

56.9%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Honduras

ADULTS WITH OBESITY BY 2030

29.8%

HIGH

ADULT OBESITY IN 2030

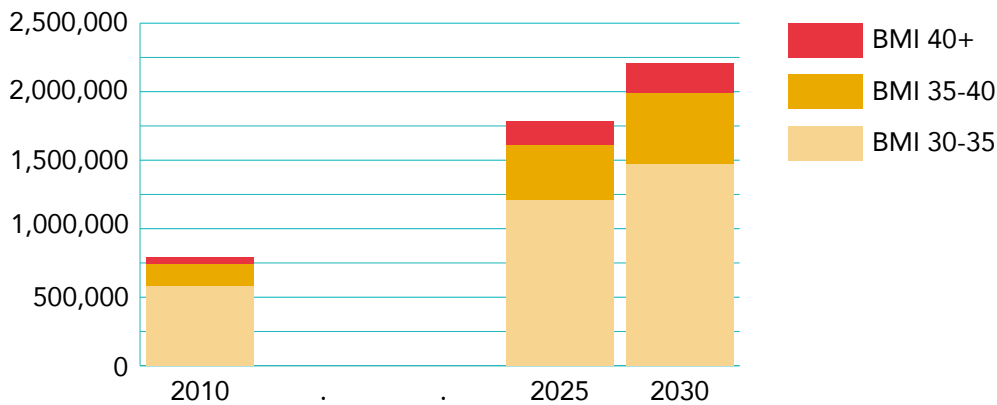
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	22.78	5.24	1.26
	Total number	835,203	191,947	46,333
WOMEN	Prevalence (%)	36.63	14.51	4.70
	Total number	1,375,702	544,971	176,599

GLOBAL PREPAREDNESS RANKING

125/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.4%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	20.55	15.61
Total number	210,200	310,250

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.6%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

42.7%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Hungary

ADULTS WITH OBESITY BY 2030

33.2%

VERY HIGH

ADULT OBESITY IN 2030

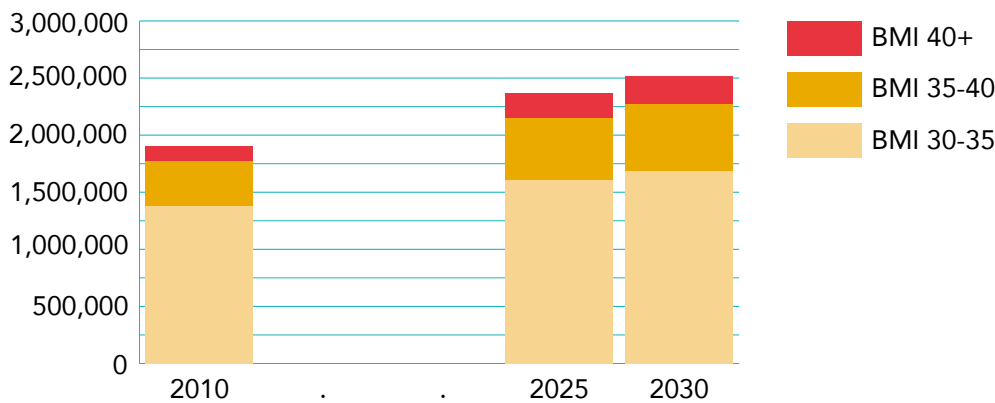
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	37.08	10.54	3.05
	Total number	1,315,547	373,842	108,053
WOMEN	Prevalence (%)	29.84	11.26	3.26
	Total number	1,195,077	450,933	130,485

GLOBAL PREPAREDNESS RANKING

48/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.6%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	22.80	17.26
Total number	101,688	157,593

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

32.5%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Iceland

ADULTS WITH OBESITY BY 2030

27.9%

HIGH

ADULT OBESITY IN 2030

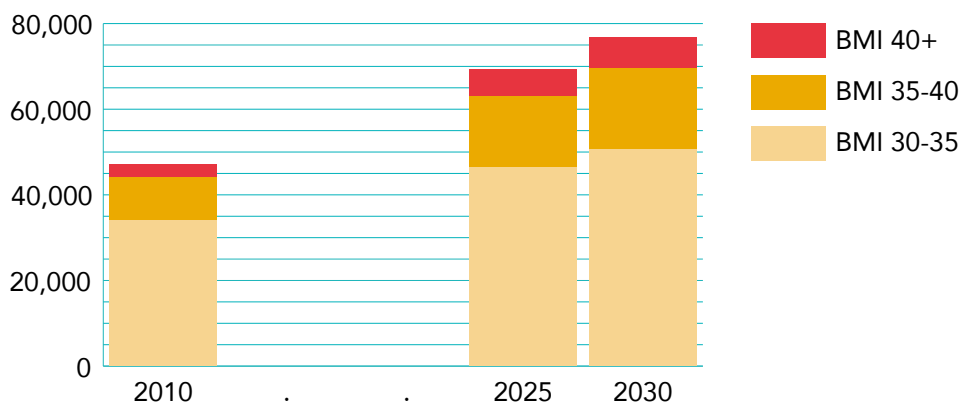
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	32.09	10.80	3.03
	Total number	44,284	14,908	4,183
WOMEN	Prevalence (%)	23.73	8.18	2.22
	Total number	32,504	11,207	3,041

GLOBAL PREPAREDNESS RANKING

4/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.6%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	14.76	10.49
Total number	2,951	4,615

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.3%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

20.9%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



India

ADULTS WITH OBESITY BY 2030

6.1%

LOW: RISING

ADULT OBESITY IN 2030

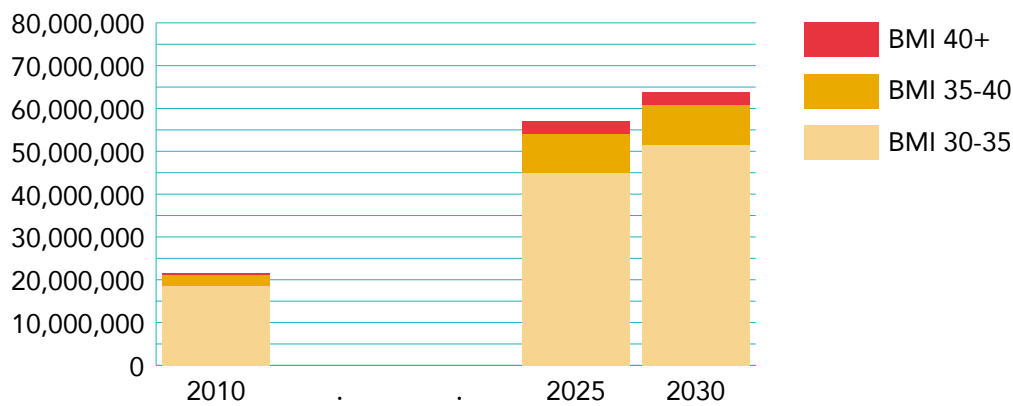
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	4.48	0.58	0.18
	Total number	24,079,855	3,096,811	956,099
WOMEN	Prevalence (%)	7.88	1.83	0.42
	Total number	39,671,923	9,237,461	2,131,329

GLOBAL PREPAREDNESS RANKING

99/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.7%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	10.81	6.23
Total number	12,692,004	14,479,905

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

10.8%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

53.9%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Indonesia

ADULTS WITH OBESITY BY 2030

10.8%

MEDIUM

ADULT OBESITY IN 2030

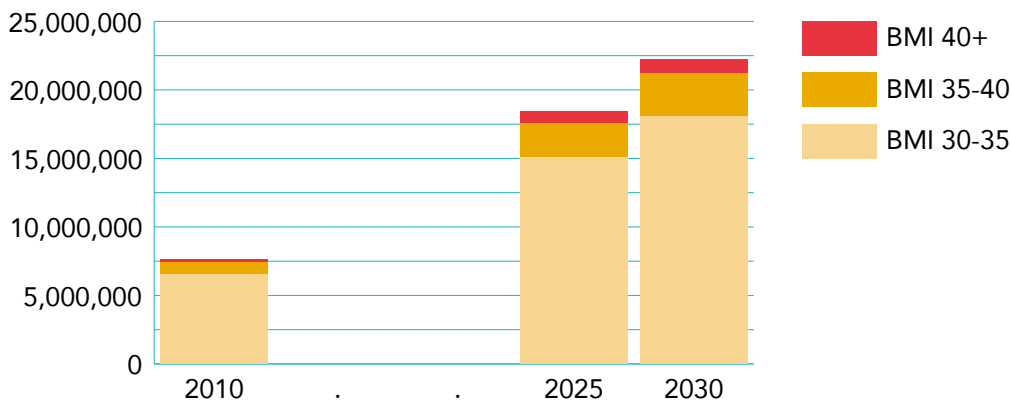
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	7.81	0.96	0.27
	Total number	8,017,257	989,311	274,149
WOMEN	Prevalence (%)	13.77	3.04	0.70
	Total number	14,212,451	3,139,856	727,449

GLOBAL PREPAREDNESS RANKING

131/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.9%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	17.65	11.82
Total number	3,841,395	5,626,467

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

6.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

53.1%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Iran

ADULTS WITH OBESITY BY 2030

34.8%

VERY HIGH

ADULT OBESITY IN 2030

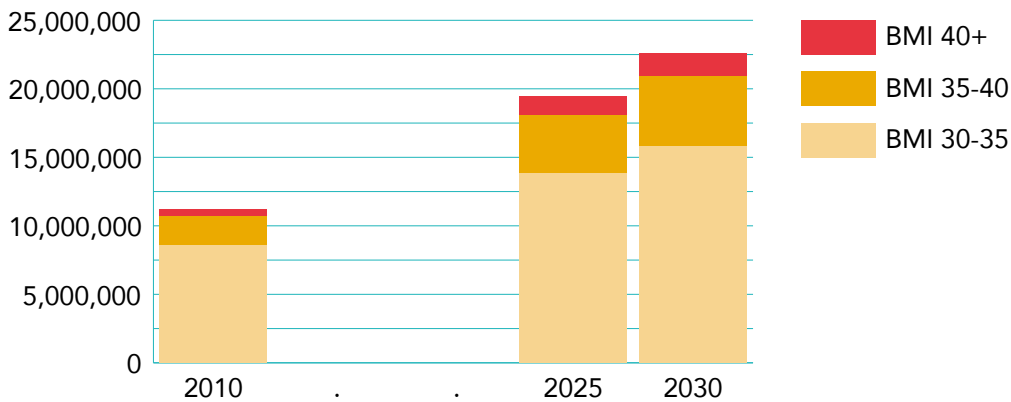
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	27.78	5.97	1.13
	Total number	9,004,608	1,933,857	367,808
WOMEN	Prevalence (%)	41.84	14.89	4.11
	Total number	13,591,468	4,836,554	1,335,283

GLOBAL PREPAREDNESS RANKING

45/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.1%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	17.60	14.14
Total number	1,097,178	2,050,734

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.4%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

43.1%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Iraq

ADULTS WITH OBESITY BY 2030

38.4%

VERY HIGH

ADULT OBESITY IN 2030

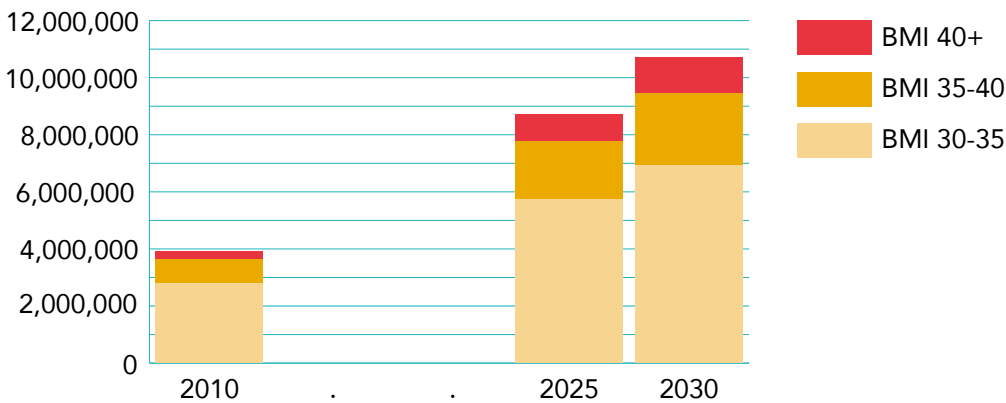
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	31.59	9.38	2.30
	Total number	4,416,873	1,310,879	321,951
WOMEN	Prevalence (%)	45.27	17.94	6.69
	Total number	6,304,977	2,498,919	931,584

GLOBAL PREPAREDNESS RANKING

95/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.6%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	24.72	19.33
Total number	1,439,562	2,033,670

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.0%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

55.1%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Ireland

ADULTS WITH OBESITY BY 2030

34.5%

VERY HIGH

ADULT OBESITY IN 2030

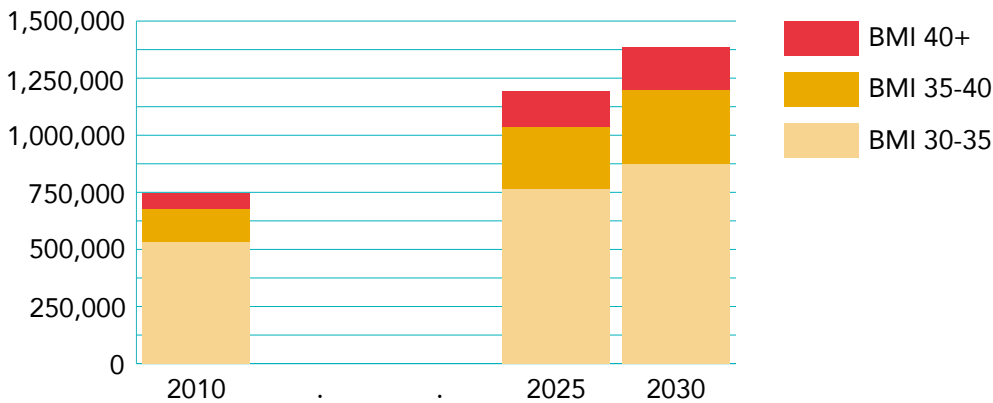
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	34.44	10.39	3.42
	Total number	679,877	205,040	67,432
WOMEN	Prevalence (%)	34.64	15.13	5.97
	Total number	706,221	308,445	121,637

GLOBAL PREPAREDNESS RANKING

9/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.2%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	17.43	12.44
Total number	50,203	84,471

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.8%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

24%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Israel

ADULTS WITH OBESITY BY 2030

31.7%

VERY HIGH

ADULT OBESITY IN 2030

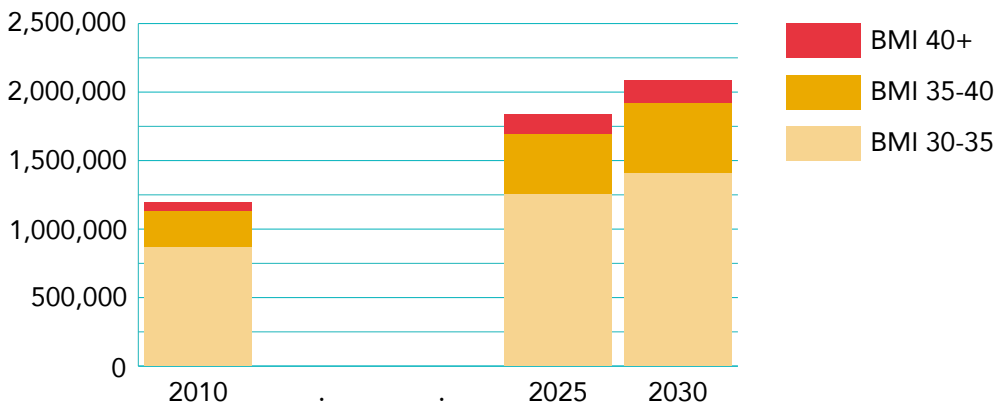
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	33.13	9.67	1.83
	Total number	1,078,177	314,717	59,421
WOMEN	Prevalence (%)	30.30	10.95	3.21
	Total number	1,007,941	364,337	106,819

GLOBAL PREPAREDNESS RANKING

18/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.2%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	16.91	11.99
Total number	144,277	201,217

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.0%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

24%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Italy

ADULTS WITH OBESITY BY 2030

25.0%

HIGH

ADULT OBESITY IN 2030

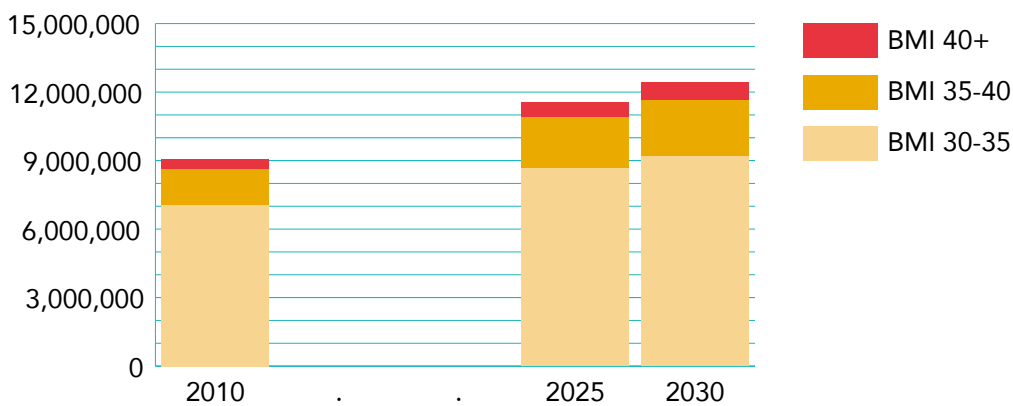
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	26.35	5.52	1.04
	Total number	6,350,001	1,329,786	251,057
WOMEN	Prevalence (%)	23.70	7.47	2.06
	Total number	6,071,414	1,913,593	527,687

GLOBAL PREPAREDNESS RANKING

16/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.4%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	21.23	12.95
Total number	456,483	656,854

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.6%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

15.5%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
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Jamaica

ADULTS WITH OBESITY BY 2030

33.1%

VERY HIGH

ADULT OBESITY IN 2030

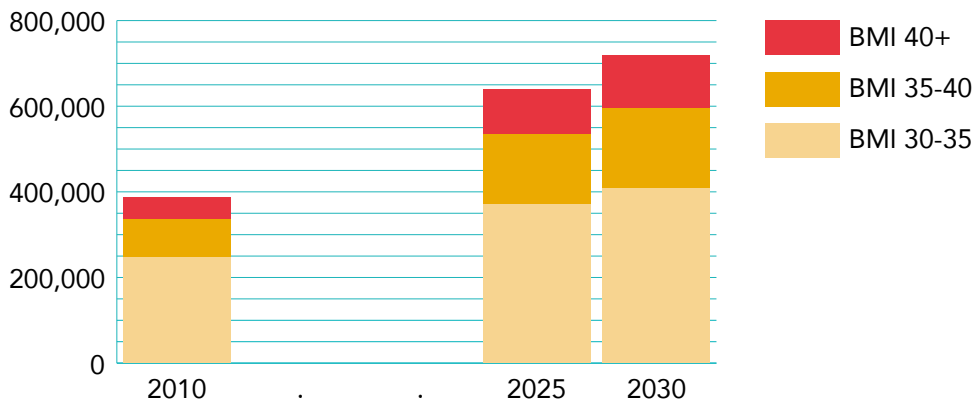
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	22.29	6.32	1.85
	Total number	236,048	66,892	19,539
WOMEN	Prevalence (%)	43.41	22.05	9.51
	Total number	483,984	245,900	106,048

GLOBAL PREPAREDNESS RANKING

66/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.1%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	25.07	19.85
Total number	54,654	89,940

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

36.4%

MEDIUM

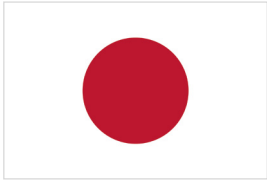
REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Japan

ADULTS WITH OBESITY BY 2030

6.5%

LOW: RISING

ADULT OBESITY IN 2030

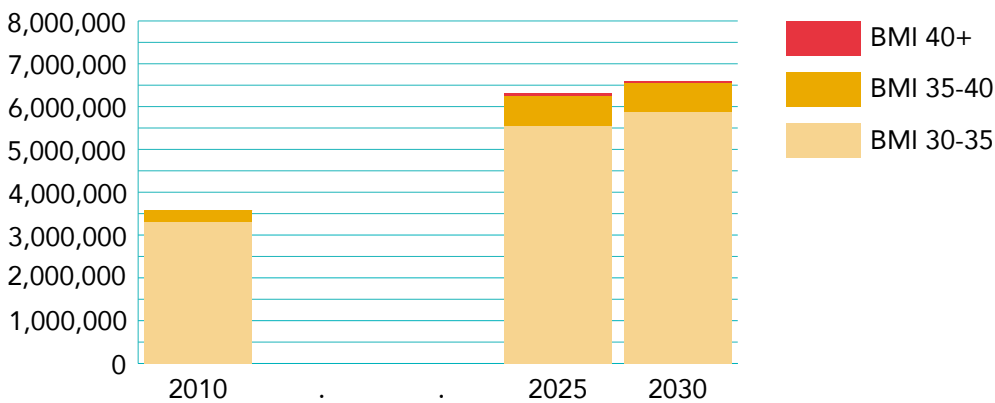
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	7.63	0.60	00.4
	Total number	3,750,798	296,517	17,936
WOMEN	Prevalence (%)	5.40	0.82	0.06
	Total number	2,847,762	433,381	33,151

GLOBAL PREPAREDNESS RANKING

20/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.2%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	5.51	2.90
Total number	242,682	295,995

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

0.5%

LOW

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

15.1%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Jordan

ADULTS WITH OBESITY BY 2030

44.6%

VERY HIGH

ADULT OBESITY IN 2030

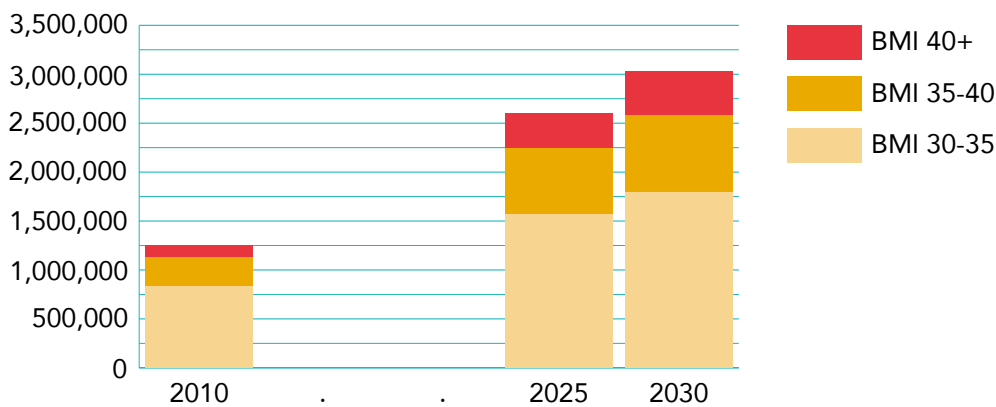
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	37.66	11.65	3.34
	Total number	1,295,519	400,609	114,962
WOMEN	Prevalence (%)	51.78	24.95	9.75
	Total number	1,731,376	834,288	325,989

GLOBAL PREPAREDNESS RANKING

68/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.5%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	20.67	17.11
Total number	176,757	331,573

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.7%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

46.7%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Kazakhstan

ADULTS WITH OBESITY BY 2030

27.9%

HIGH

ADULT OBESITY IN 2030

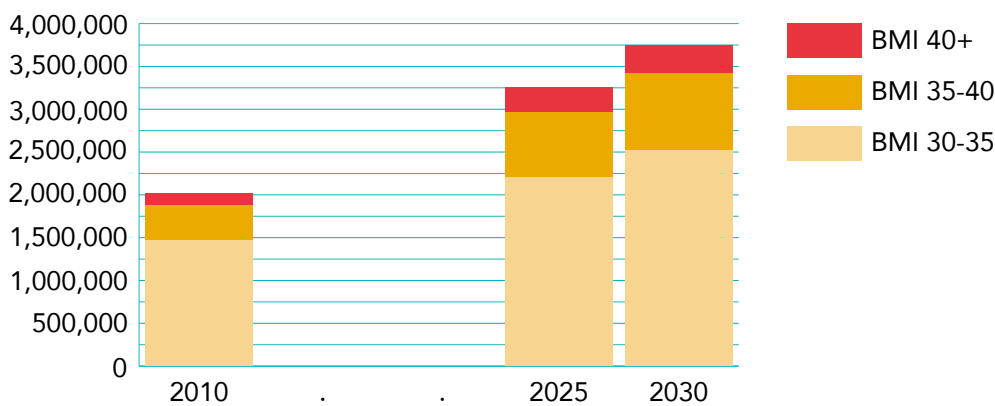
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	25.79	6.21	1.18
	Total number	1,637,280	394,434	74,635
WOMEN	Prevalence (%)	29.73	11.80	3.69
	Total number	2,116,195	839,648	262,984

GLOBAL PREPAREDNESS RANKING

58/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.0%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	14.27	10.46
Total number	243,132	403,342

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.8%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

46.8%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Kenya

ADULTS WITH OBESITY BY 2030

10.7%

MEDIUM

ADULT OBESITY IN 2030

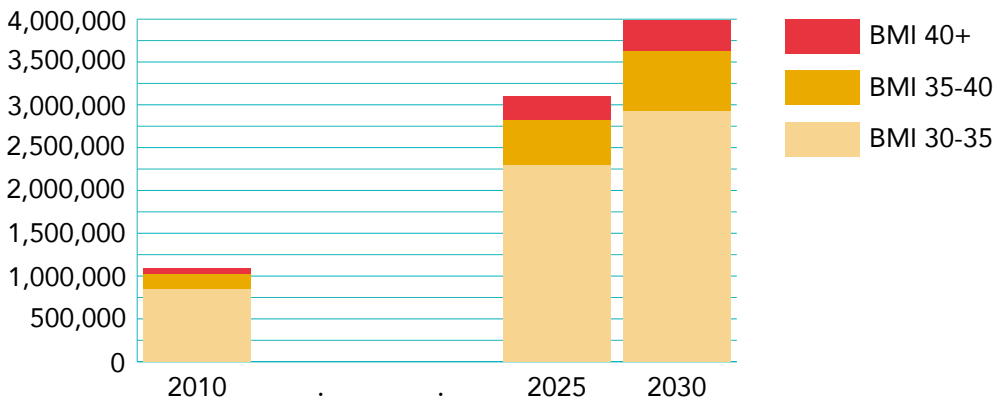
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	4.46	0.61	0.17
	Total number	813,410	111,495	31,700
WOMEN	Prevalence (%)	16.79	5.02	1.74
	Total number	3,176,814	950,300	330,054

GLOBAL PREPAREDNESS RANKING

143/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.3%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	8.38	5.46
Total number	625,271	757,994

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

8.3%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

71.1%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Kiribati

ADULTS WITH OBESITY BY 2030

57.3%

VERY HIGH

ADULT OBESITY IN 2030

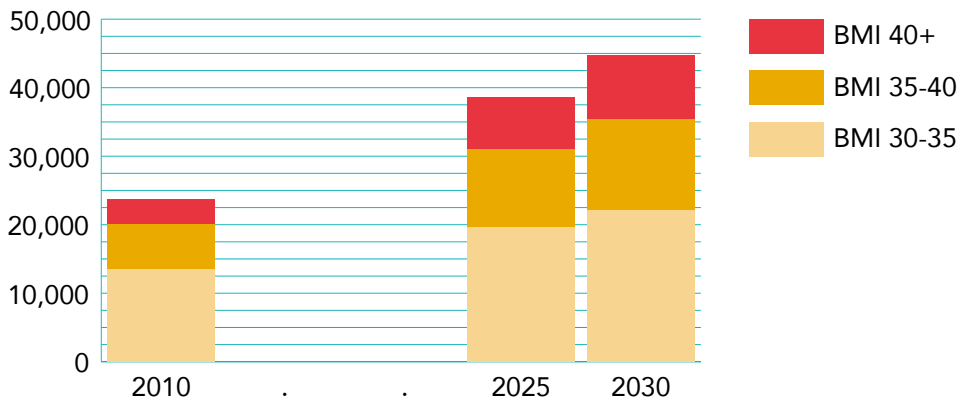
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	53.73	24.03	8.83
	Total number	19,880	8,991	3,267
WOMEN	Prevalence (%)	60.59	33.22	14.84
	Total number	24,843	13,620	6,083

GLOBAL PREPAREDNESS RANKING

168/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.4%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	38.70	33.08
Total number	5,806	9,592

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

3.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

72.4%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Kuwait

ADULTS WITH OBESITY BY 2030

46.0%

VERY HIGH

ADULT OBESITY IN 2030

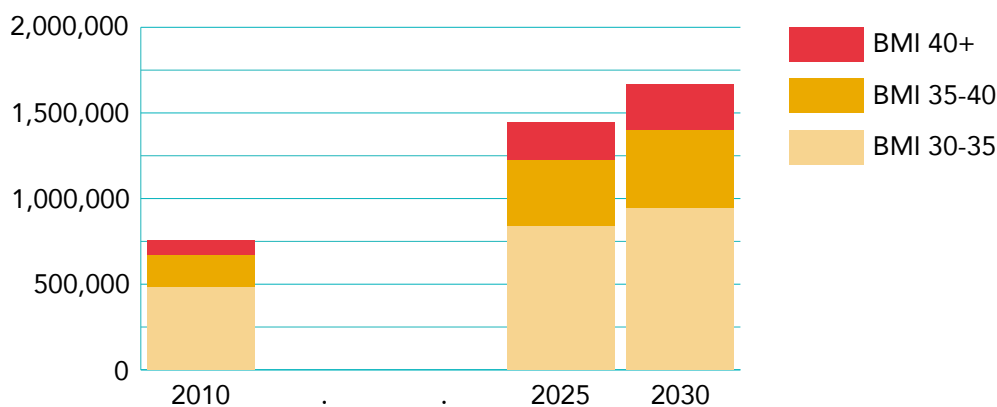
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	42.16	16.46	5.51
	Total number	960,453	374,897	125,606
WOMEN	Prevalence (%)	52.36	25.75	10.59
	Total number	706,376	347,371	142,869

GLOBAL PREPAREDNESS RANKING

72/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.2%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	26.95	26.56
Total number	96,603	163,317

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.2%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

75.1%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
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Kyrgyzstan

ADULTS WITH OBESITY BY 2030

23.1%

HIGH

ADULT OBESITY IN 2030

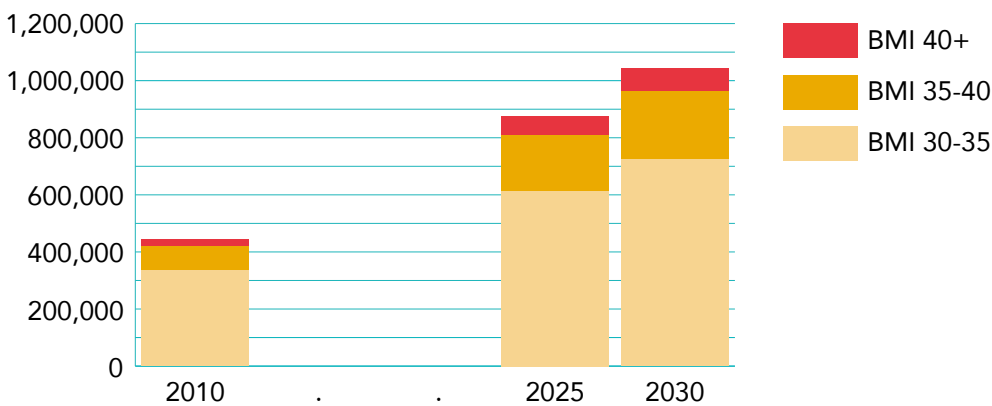
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	20.08	4.38	0.86
	Total number	438,222	95,485	18,739
WOMEN	Prevalence (%)	25.9	9.68	2.76
	Total number	606,317	226,561	64,636

GLOBAL PREPAREDNESS RANKING

93/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.6%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	11.20	7.56
Total number	80,181	114,496

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

6.6%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

53.7%

HIGH

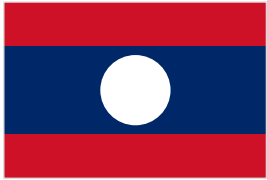
REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
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NCD premature deaths:
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Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Lao PDR

ADULTS WITH OBESITY BY 2030

8.4%

LOW: RISING

ADULT OBESITY IN 2030

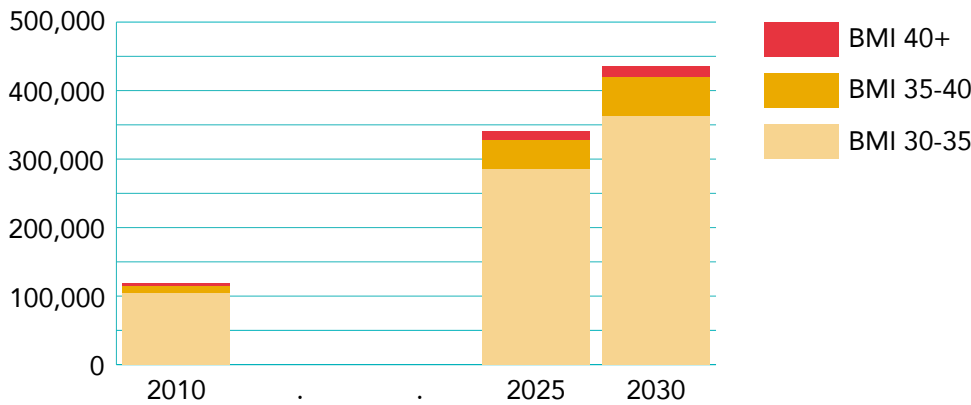
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	6.16	0.90	0.22
	Total number	158,696	23,102	5,777
WOMEN	Prevalence (%)	10.65	1.92	0.43
	Total number	277,062	49,820	11,234

GLOBAL PREPAREDNESS RANKING

156/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

4.2%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	16.89	11.65
Total number	129,537	178,874

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

8.7%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

60.2%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Latvia

ADULTS WITH OBESITY BY 2030

28.3%

HIGH

ADULT OBESITY IN 2030

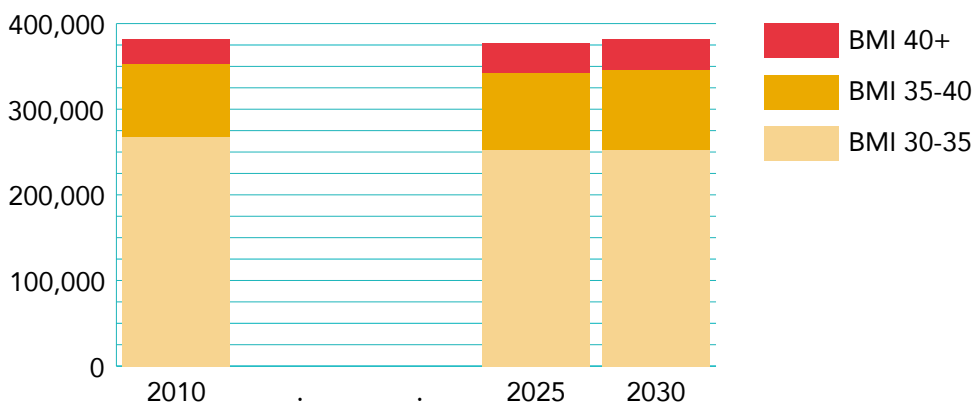
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	28.13	7.71	1.79
	Total number	170,494	46,714	10,834
WOMEN	Prevalence (%)	28.35	11.14	3.48
	Total number	211,740	83,190	26,031

GLOBAL PREPAREDNESS RANKING

29/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.1%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	14.11	10.09
Total number	12,272	20,475

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.8%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

26.9%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Lebanon

ADULTS WITH OBESITY BY 2030

40.2%

VERY HIGH

ADULT OBESITY IN 2030

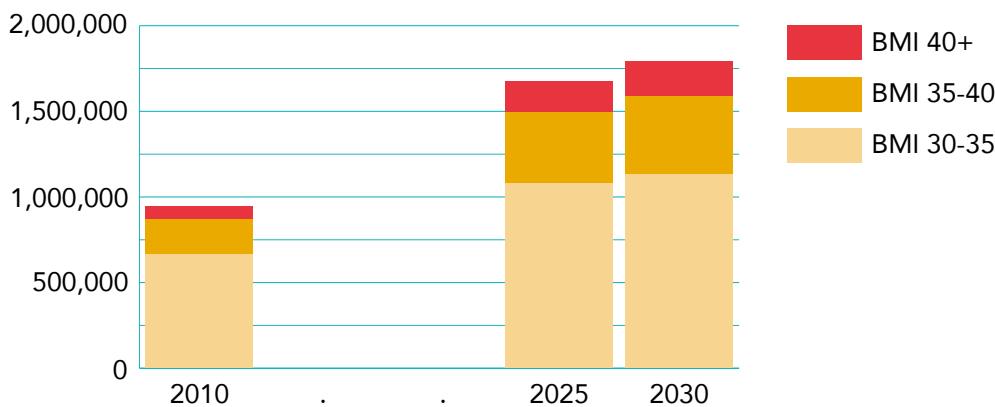
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	36.00	10.83	2.64
	Total number	804,641	241,974	59,005
WOMEN	Prevalence (%)	44.40	18.79	6.61
	Total number	987,419	417,928	146,972

GLOBAL PREPAREDNESS RANKING

52/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.5%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	23.28	17.46
Total number	71,684	149,674

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.2%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

42%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Lesotho

ADULTS WITH OBESITY BY 2030

22.4%

HIGH

ADULT OBESITY IN 2030

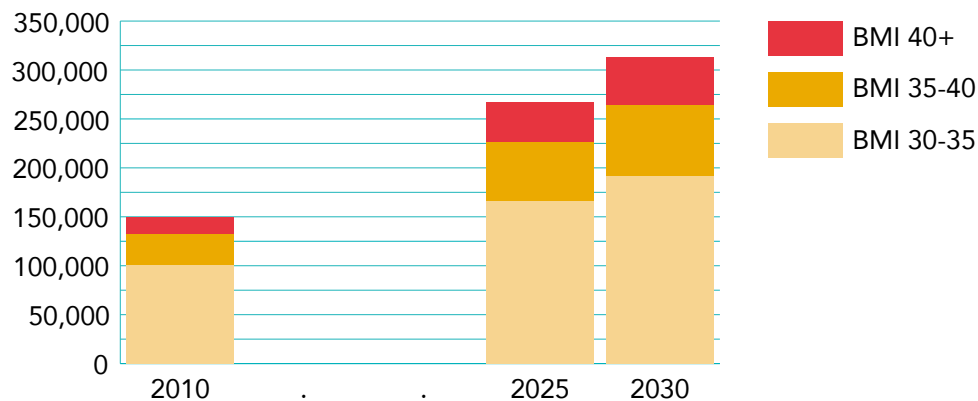
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	7.25	1.49	0.42
	Total number	49,835	10,260	2,870
WOMEN	Prevalence (%)	37.02	15.67	6.60
	Total number	263,586	111,595	46,990

GLOBAL PREPAREDNESS RANKING

155/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.4%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	16.72	12.71
Total number	39,298	56,933

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

8.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

65.5%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Liberia

ADULTS WITH OBESITY BY 2030

14.1%

MEDIUM

ADULT OBESITY IN 2030

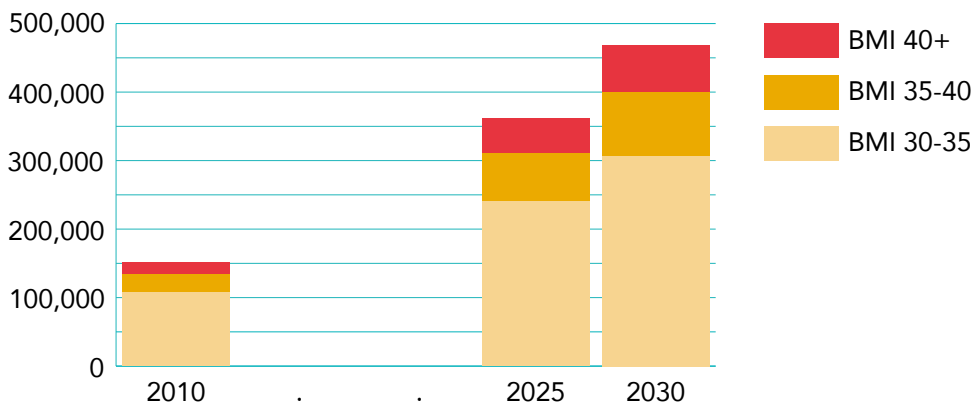
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	8.08	1.81	0.86
	Total number	134,422	30,062	14,288
WOMEN	Prevalence (%)	20.00	7.91	3.31
	Total number	334,454	132,237	55,306

GLOBAL PREPAREDNESS RANKING

161/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.7%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	6.16	3.72
Total number	48,578	51,552

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

6.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

60.5%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Libya

ADULTS WITH OBESITY BY 2030

40.7%

VERY HIGH

ADULT OBESITY IN 2030

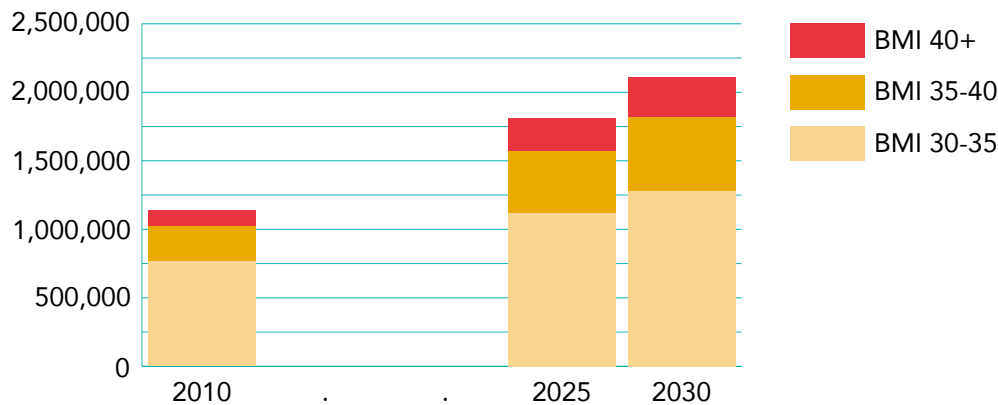
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	33.40	10.21	2.77
	Total number	862,331	263,656	71,639
WOMEN	Prevalence (%)	47.89	21.89	8.56
	Total number	1,250,962	571,850	223,474

GLOBAL PREPAREDNESS RANKING

97/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.6%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	24.00	18.46
Total number	128,721	236,128

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.6%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

54%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Lithuania

ADULTS WITH OBESITY BY 2030

31.2%

VERY HIGH

ADULT OBESITY IN 2030

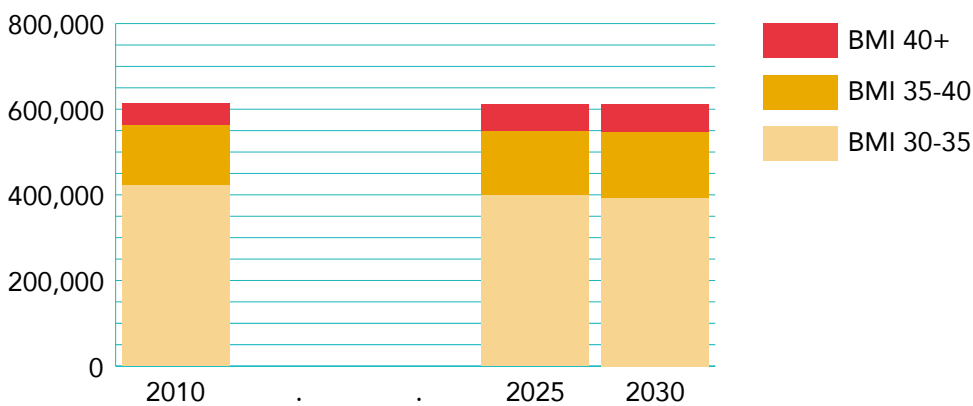
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	31.35	8.70	2.20
	Total number	272,029	76,153	19,284
WOMEN	Prevalence (%)	31.335	13.13	4.29
	Total number	338,583	141,810	46,345

GLOBAL PREPAREDNESS RANKING

27/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.1%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	14.40	10.02
Total number	18,006	29,270

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

25.5%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Luxembourg

ADULTS WITH OBESITY BY 2030

29.8%

HIGH

ADULT OBESITY IN 2030

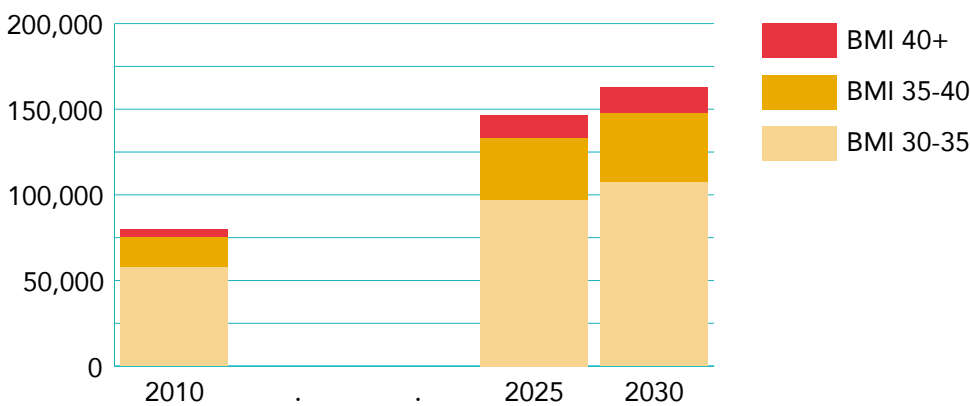
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	33.15	10.47	2.55
	Total number	91,817	29,000	7,053
WOMEN	Prevalence (%)	26.40	10.04	3.16
	Total number	71,281	27,104	8,532

GLOBAL PREPAREDNESS RANKING

23/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	14.16	9.74
Total number	4,957	7,109

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.0%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

23.4%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Madagascar

ADULTS WITH OBESITY BY 2030

8.0%

LOW: RISING

ADULT OBESITY IN 2030

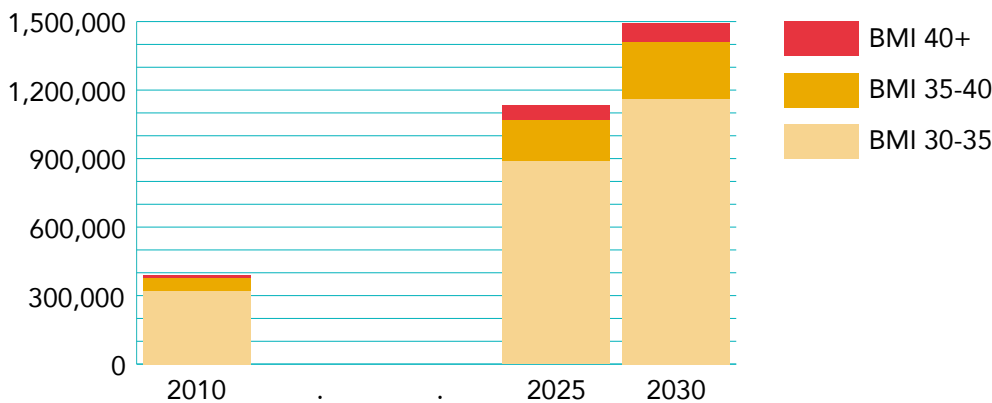
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	4.58	0.70	0.25
	Total number	420,439	64,537	22,540
WOMEN	Prevalence (%)	11.39	2.83	0.67
	Total number	1,071,680	266,364	63,020

GLOBAL PREPAREDNESS RANKING

163/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.6%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	8.00	4.77
Total number	358,772	365,589

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

9.3%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

63.9%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Malawi

ADULTS WITH OBESITY BY 2030

8.8%

LOW: RISING

ADULT OBESITY IN 2030

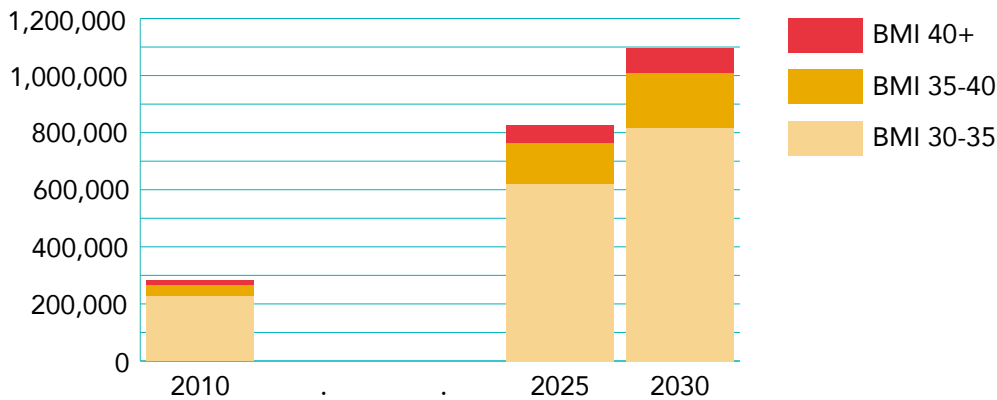
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	3.38	0.39	0.12
	Total number	204,259	23,724	7,069
WOMEN	Prevalence (%)	13.80	3.94	1.23
	Total number	890,037	254,283	79,234

GLOBAL PREPAREDNESS RANKING

154/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.3%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	7.61	5.12
Total number	244,850	286,604

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

8.7%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

65.8%

VERY HIGH

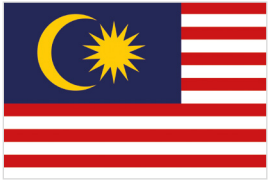
REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Malaysia

ADULTS WITH OBESITY BY 2030

23.4%

HIGH

ADULT OBESITY IN 2030

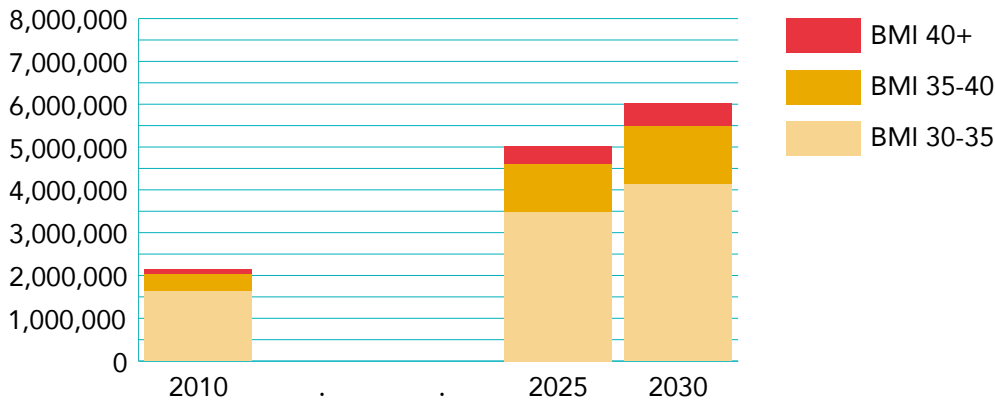
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	20.55	5.37	1.38
	Total number	2,698,544	705,073	181,401
WOMEN	Prevalence (%)	26.36	9.47	2.78
	Total number	3,316,515	1,191,288	349,692

GLOBAL PREPAREDNESS RANKING

55/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.3%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	24.89	20.04
Total number	660,159	1,036,827

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.0%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

48.4%

HIGH

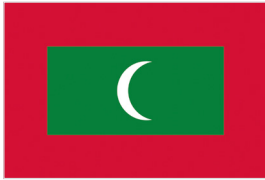
REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Maldives

ADULTS WITH OBESITY BY 2030

12.9%

MEDIUM

ADULT OBESITY IN 2030

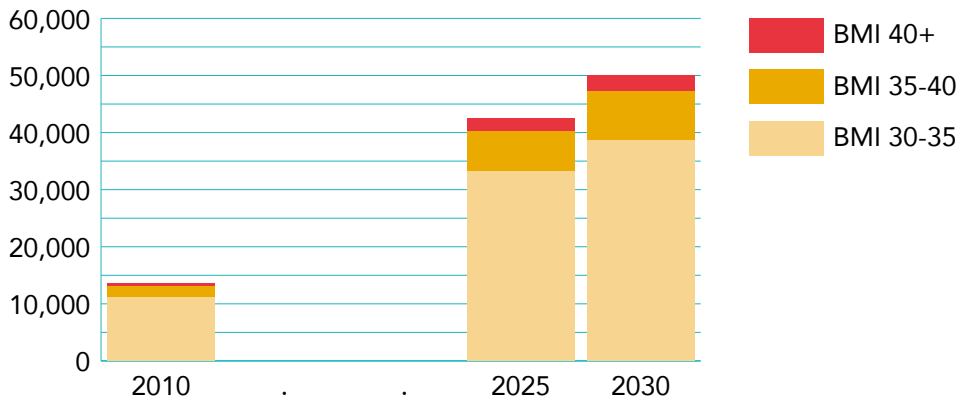
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	9.61	1.54	0.37
	Total number	22,193	3,555	861
WOMEN	Prevalence (%)	17.86	5.04	1.28
	Total number	27,866	7,861	1,995

GLOBAL PREPAREDNESS RANKING

39/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.9%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	21.76	16.71
Total number	7,096	12,030

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

7.4%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

35.7%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Mali

ADULTS WITH OBESITY BY 2030

13.1%

MEDIUM

ADULT OBESITY IN 2030

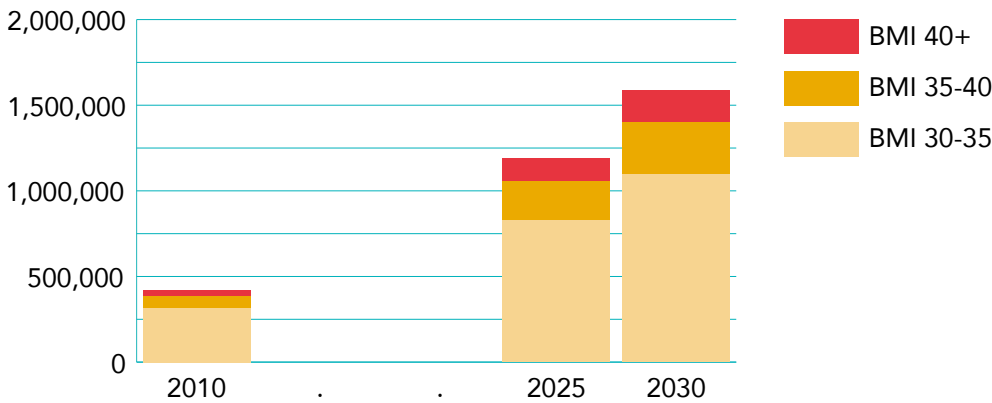
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	7.26	1.64	0.69
	Total number	436,329	98,612	41,195
WOMEN	Prevalence (%)	18.81	6.44	2.41
	Total number	1,152,166	394,589	147,821

GLOBAL PREPAREDNESS RANKING

171/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.4%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	8.62	5.90
Total number	335,116	385,327

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

7.6%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

68.3%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Malta

ADULTS WITH OBESITY BY 2030

35.1%

VERY HIGH

ADULT OBESITY IN 2030

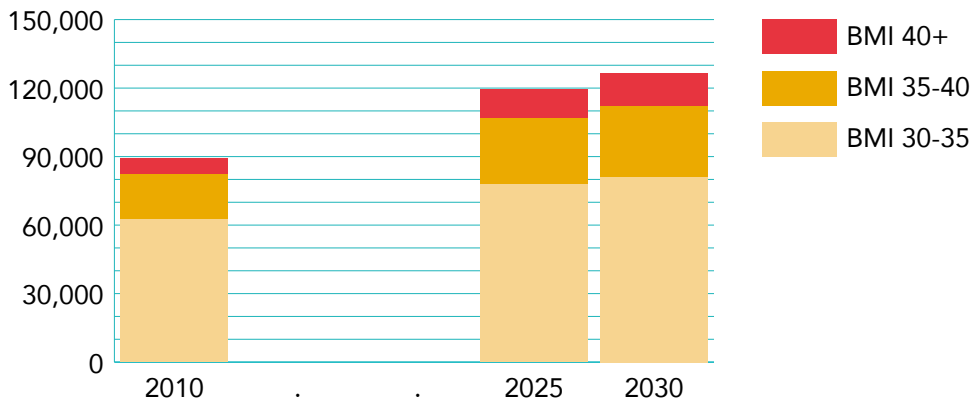
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	37.16	11.90	3.65
	Total number	66,514	21,308	6,539
WOMEN	Prevalence (%)	32.98	13.27	4.30
	Total number	60,032	24,157	7,834

GLOBAL PREPAREDNESS RANKING

14/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.2%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	19.38	14.33
Total number	4,264	6,306

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.0%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

21.9%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Marshall Islands

ADULTS WITH OBESITY BY 2030

62.5%

VERY HIGH

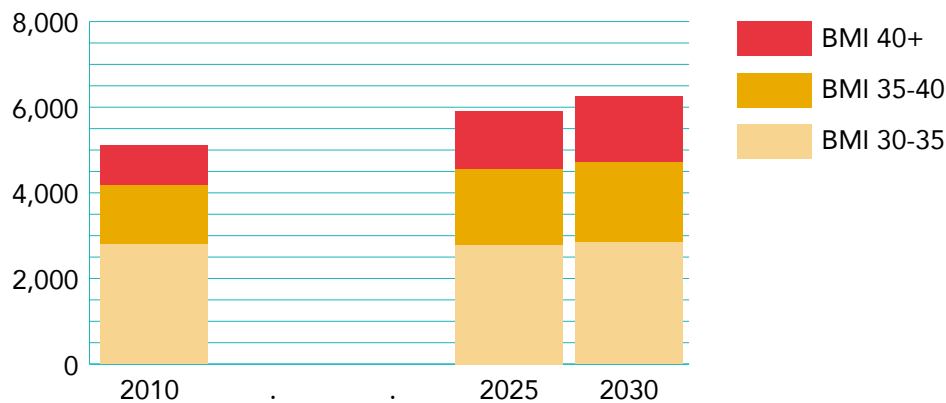
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	59.62	30.20	12.53
	Total number	2,981	1,510	626
WOMEN	Prevalence (%)	65.33	38.00	17.94
	Total number	3,266	1,900	897

GLOBAL PREPAREDNESS RANKING

N/A

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.0%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	41.06	35.41
Total number	411	708

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.7%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

N/A

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Mauritania

ADULTS WITH OBESITY BY 2030

18.5%

MEDIUM

ADULT OBESITY IN 2030

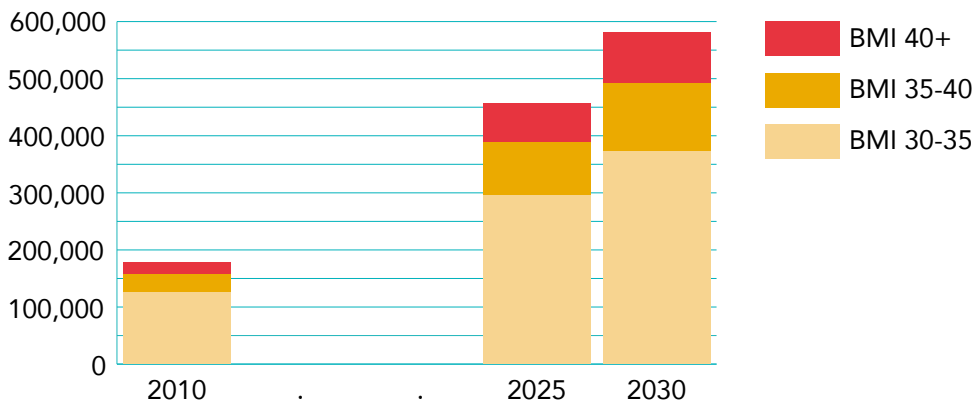
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	10.27	2.06	0.95
	Total number	160,496	32,169	14,787
WOMEN	Prevalence (%)	26.78	11.25	4.74
	Total number	420,904	176,798	74,584

GLOBAL PREPAREDNESS RANKING

140/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.8%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	10.23	7.33
Total number	75,284	94,567

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.6%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

59%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Mauritius

ADULTS WITH OBESITY BY 2030

14.8%

MEDIUM

ADULT OBESITY IN 2030

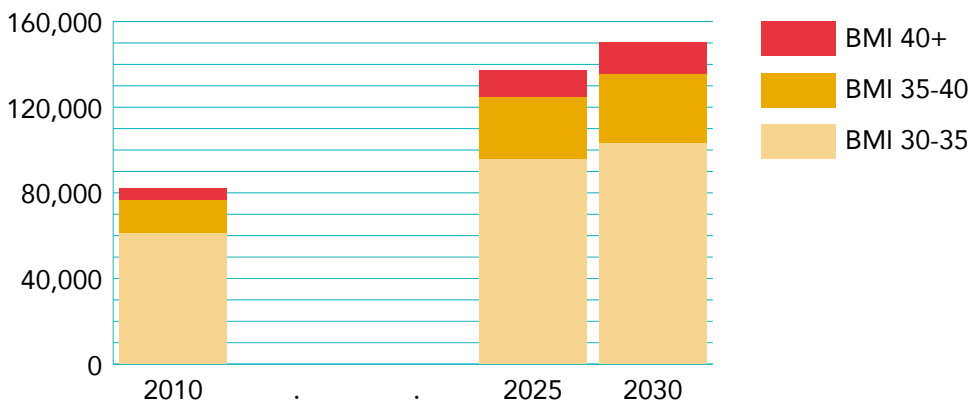
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	7.88	1.38	0.30
	Total number	38,996	6,843	1,497
WOMEN	Prevalence (%)	21.29	7.72	2.53
	Total number	111,330	40,369	13,211

GLOBAL PREPAREDNESS RANKING

82/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.3%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	12.32	8.58
Total number	7,636	11,409

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.8%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

47%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Mexico

ADULTS WITH OBESITY BY 2030

36.8%

VERY HIGH

ADULT OBESITY IN 2030

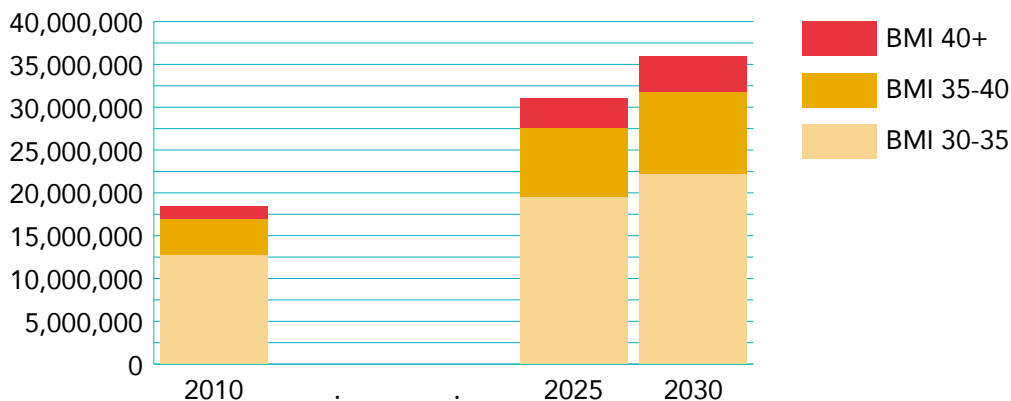
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	32.25	10.32	2.56
	Total number	15,148,969	4,846,348	1,202,048
WOMEN	Prevalence (%)	40.91	17.69	6.07
	Total number	20,863,422	9,019,356	3,095,294

GLOBAL PREPAREDNESS RANKING

90/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.6%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	23.57	19.25
Total number	2,500,411	4,244,504

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.5%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

45.3%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Micronesia (Federated States of)

ADULTS WITH
OBESITY BY 2030

57.2%

VERY HIGH

GLOBAL
PREPAREDNESS
RANKING

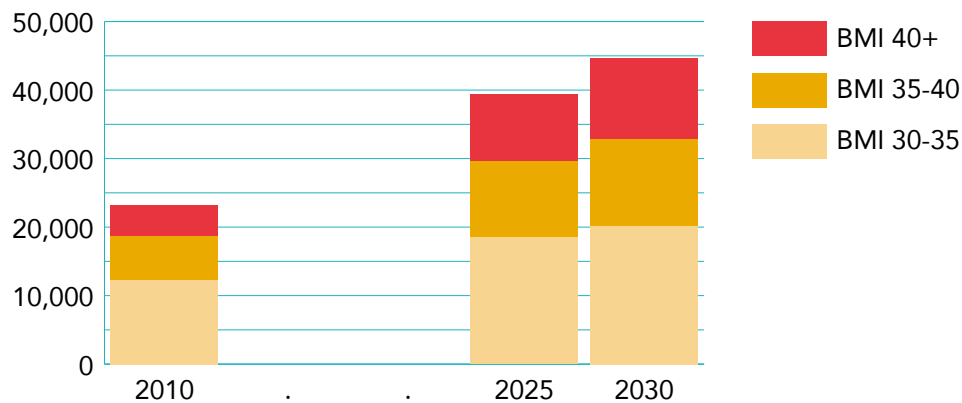
144/183

VERY POOR

ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	52.33	25.88	11.76
	Total number	20,410	10,094	4,588
WOMEN	Prevalence (%)	62.04	36.83	18.33
	Total number	24,195	14,363	7,149

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE
IN ADULT OBESITY
2010–2030

1.4%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	37.58	32.06
Total number	4,886	7,374

ANNUAL INCREASE
IN CHILD OBESITY
2010–2030

4.1%

VERY HIGH

PREMATURE
DEATHS FROM
NCDS AS % OF ALL
NCD DEATHS

76.9%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration,
with permission, rights reserved.
Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and
Evaluation Global Burden of Disease
database, with permission, rights
reserved.

NCD premature deaths:
World Health Organization
Global Health Observatory, with
permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics
(see Appendix 1, World Obesity
Atlas 2022).



Moldova

ADULTS WITH OBESITY BY 2030

23.7%

HIGH

ADULT OBESITY IN 2030

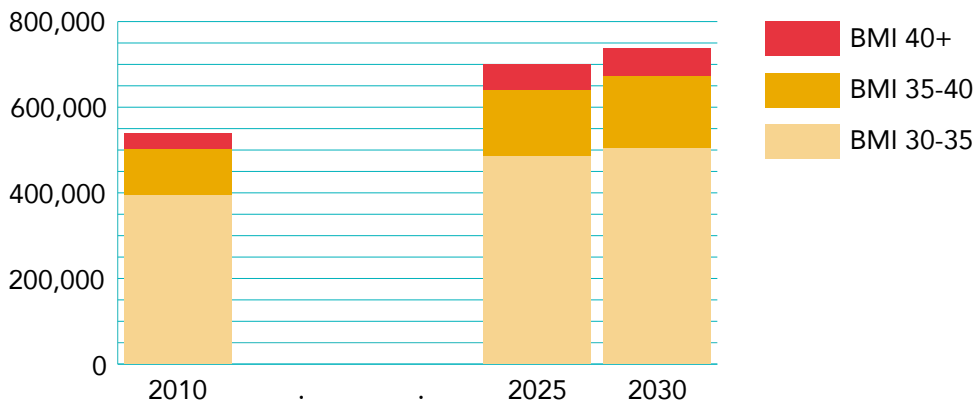
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	21.91	5.20	1.12
	Total number	318,824	75,686	16,342
WOMEN	Prevalence (%)	25.19	9.50	3.00
	Total number	418,884	157,960	49,936

GLOBAL PREPAREDNESS RANKING

78/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.5%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	10.96	7.27
Total number	20,164	30,692

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

47.8%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Mongolia

ADULTS WITH OBESITY BY 2030

29.3%

HIGH

ADULT OBESITY IN 2030

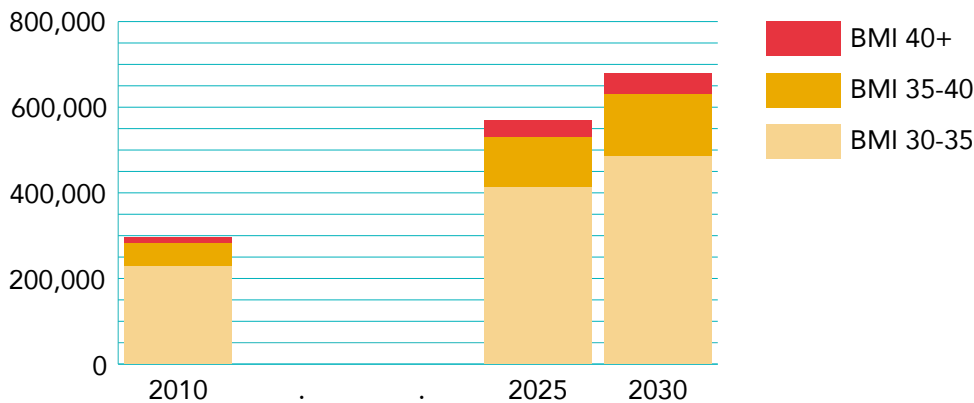
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	26.06	5.93	1.16
	Total number	289,315	65,819	12,896
WOMEN	Prevalence (%)	32.24	10.55	2.95
	Total number	389,141	127,369	35,552

GLOBAL PREPAREDNESS RANKING

116/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.7%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	11.99	7.81
Total number	41,010	57,317

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

6.0%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

64.7%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Montenegro

ADULTS WITH OBESITY BY 2030

30.7%

VERY HIGH

ADULT OBESITY IN 2030

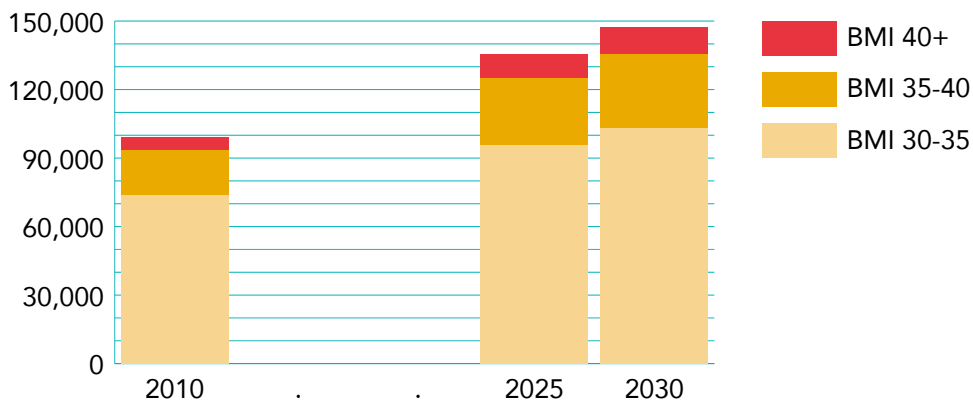
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	32.09	7.59	1.69
	Total number	75,727	17,914	3,992
WOMEN	Prevalence (%)	29.27	10.67	3.14
	Total number	71,421	26,023	7,671

GLOBAL PREPAREDNESS RANKING

46/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	17.11	12.14
Total number	5,988	8,984

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

4.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

31.6%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
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Morocco

ADULTS WITH OBESITY BY 2030

35.0%

VERY HIGH

ADULT OBESITY IN 2030

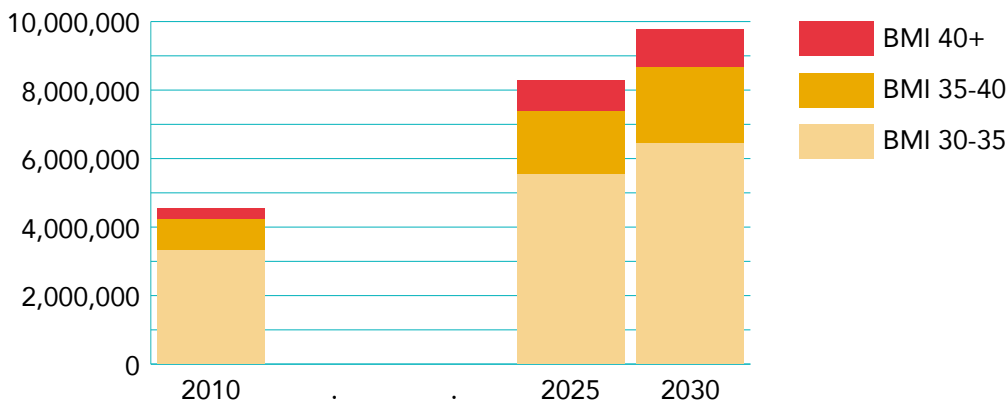
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	27.73	6.93	1.52
	Total number	3,801,066	949,577	208,979
WOMEN	Prevalence (%)	42.09	16.78	6.25
	Total number	5,972,962	2,380,868	887,002

GLOBAL PREPAREDNESS RANKING

89/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

2.1%

HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	21.09	15.70
Total number	669,142	1,051,429

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

4.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

46.4%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Mozambique

ADULTS WITH OBESITY BY 2030

10.5%

MEDIUM

ADULT OBESITY IN 2030

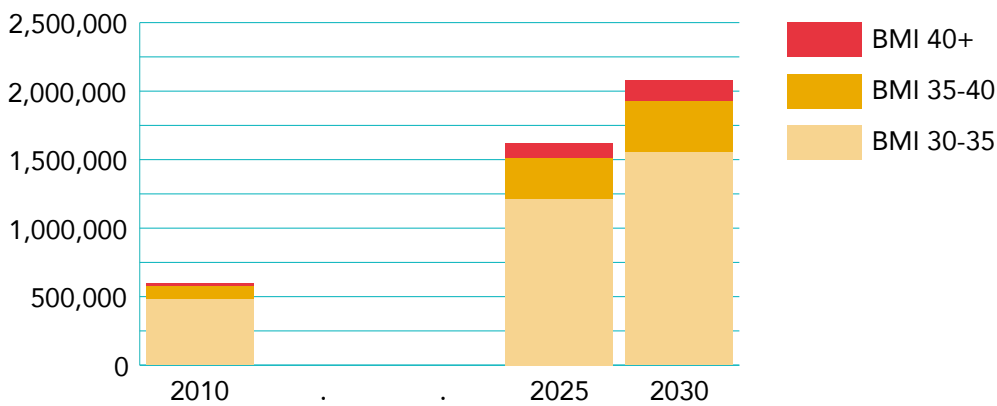
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	5.02	0.67	0.13
	Total number	469,158	62,218	11,947
WOMEN	Prevalence (%)	15.53	4.47	1.31
	Total number	1,606,296	461,970	135,338

GLOBAL PREPAREDNESS RANKING

153/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.0%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	7.31	4.46
Total number	413,894	426,897

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

6.7%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

68.7%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Myanmar

ADULTS WITH OBESITY BY 2030

8.9%

LOW: RISING

ADULT OBESITY IN 2030

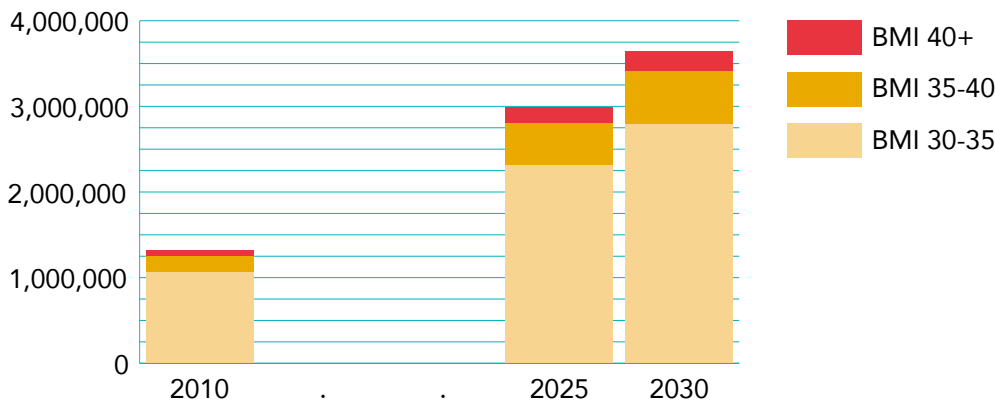
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	6.46	1.08	0.20
	Total number	1,240,799	206,569	38,590
WOMEN	Prevalence (%)	11.17	3.01	0.87
	Total number	2,396,906	645,157	187,447

GLOBAL PREPAREDNESS RANKING

141/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.9%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	13.42	9.10
Total number	529,023	810,343

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

8.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

57.1%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Namibia

ADULTS WITH OBESITY BY 2030

24.3%

HIGH

ADULT OBESITY IN 2030

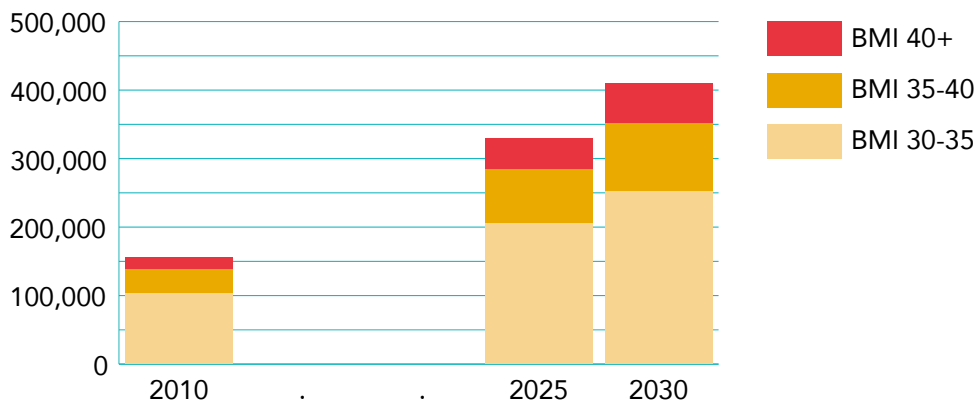
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	11.77%	2.82%	0.78%
	Total number	94,150	22,582	6,278
WOMEN	Prevalence (%)	35.59%	15.27%	5.91%
	Total number	315,651	135,405	52,423

GLOBAL PREPAREDNESS RANKING

102/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.7%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	18.14%	13.26%
Total number	61,134	85,530

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

9.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

54.1%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Nauru

ADULTS WITH OBESITY BY 2030

67.4%

VERY HIGH

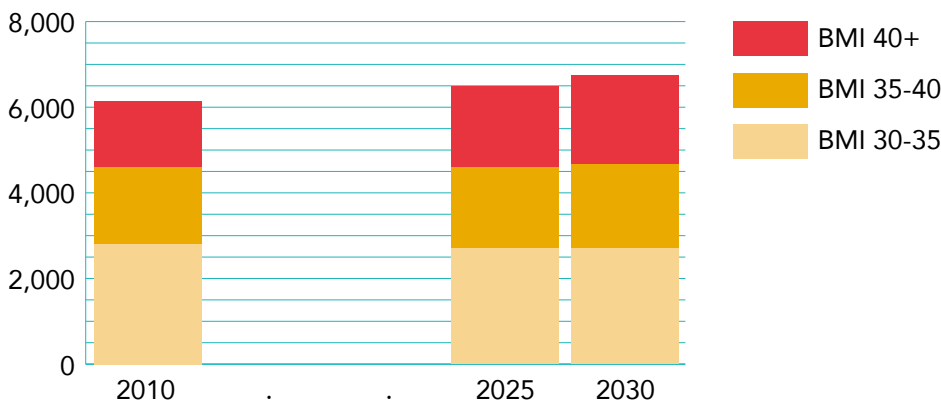
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	66.60%	38.35%	18.25%
	Total number	3,330	1,917	912
WOMEN	Prevalence (%)	68.14%	42.33%	23.01%
	Total number	3,407	2,117	1,151

GLOBAL PREPAREDNESS RANKING

NA

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

0.6%

LOW

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	43.31%	39.37%
Total number	433	787

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.6%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

NA

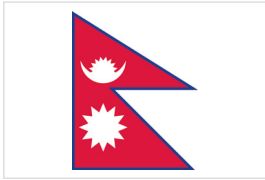
REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Nepal

ADULTS WITH OBESITY BY 2030

6.5%

LOW:RISING

ADULT OBESITY IN 2030

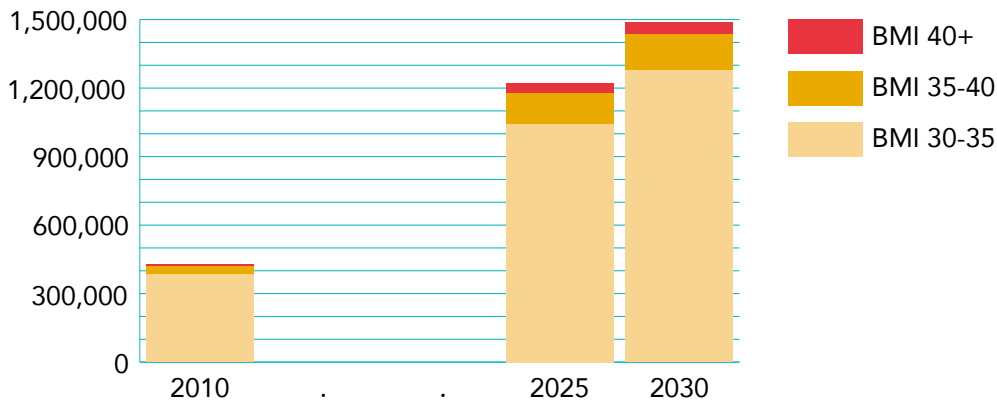
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	4.26%	0.24%	0.09%
	Total number	446,776	25,265	9,482
WOMEN	Prevalence (%)	8.48%	1.52%	0.35%
	Total number	1,040,163	186,890	43,002

GLOBAL PREPAREDNESS RANKING

139/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

3.9%

VERY HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	8.50%	5.08%
Total number	232,449	274,593

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

10.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

46.7%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Netherlands

ADULTS WITH OBESITY BY 2030

28.1%

HIGH

ADULT OBESITY IN 2030

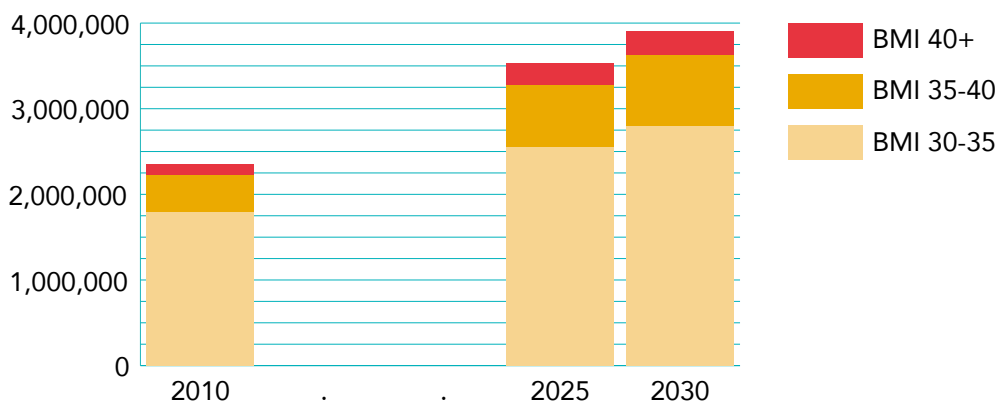
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	29.59%	6.66%	1.33%
	Total number	2,042,522	459,718	91,956
WOMEN	Prevalence (%)	26.62%	9.34%	2.82%
	Total number	1,869,169	655,626	197,691

GLOBAL PREPAREDNESS RANKING

13/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

2.1%

HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	13.86%	10.03%
Total number	122,222	177,317

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

3.3%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

22%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



New Zealand

ADULTS WITH OBESITY BY 2030

40.0%

VERY HIGH

ADULT OBESITY IN 2030

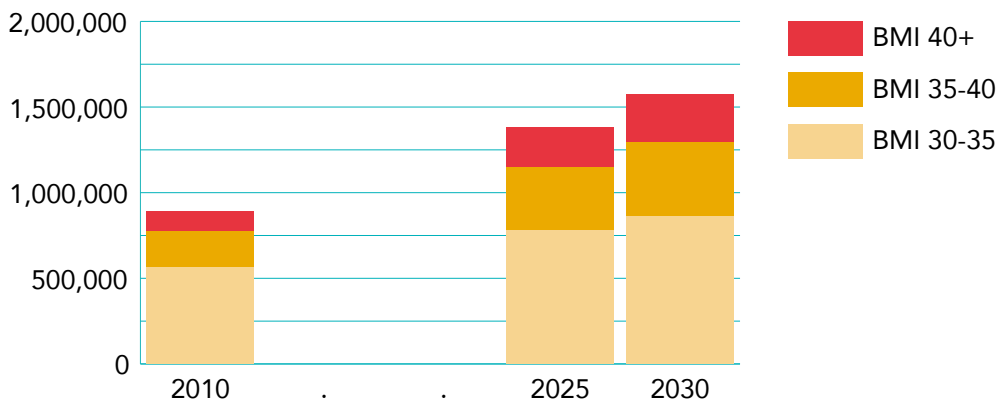
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	39.70%	15.07%	5.05%
	Total number	756,324	287,035	96,125
WOMEN	Prevalence (%)	40.28%	20.85%	8.94%
	Total number	815,997	422,489	181,208

GLOBAL PREPAREDNESS RANKING

19/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	23.61%	19.62%
Total number	72,482	124,558

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.9%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

23.8%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Nicaragua

ADULTS WITH OBESITY BY 2030

31.6%

VERY HIGH

ADULT OBESITY IN 2030

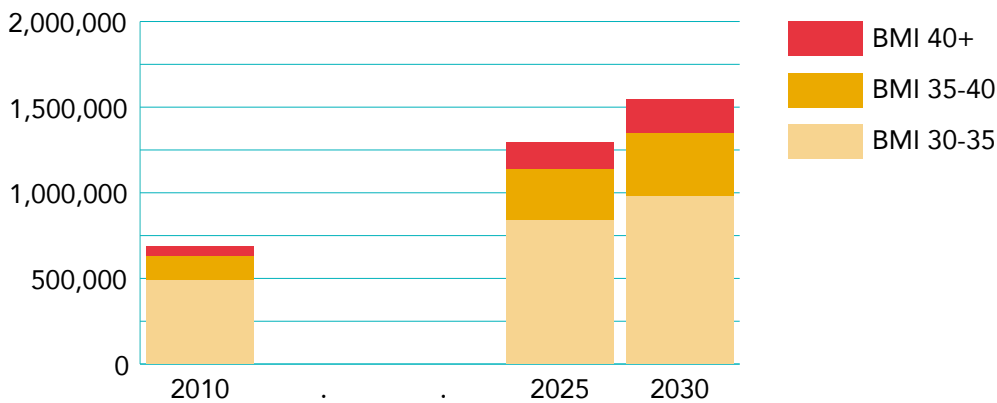
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	25.08%	6.79%	2.36%
	Total number	590,566	159,864	55,539
WOMEN	Prevalence (%)	37.76%	16.16%	5.63%
	Total number	953,862	408,267	142,181

GLOBAL PREPAREDNESS RANKING

86/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.0%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	20.78%	15.82%
Total number	129,691	202,852

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.7%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

42.7%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Niger

ADULTS WITH OBESITY BY 2030

8.4%

LOW: RISING

ADULT OBESITY IN 2030

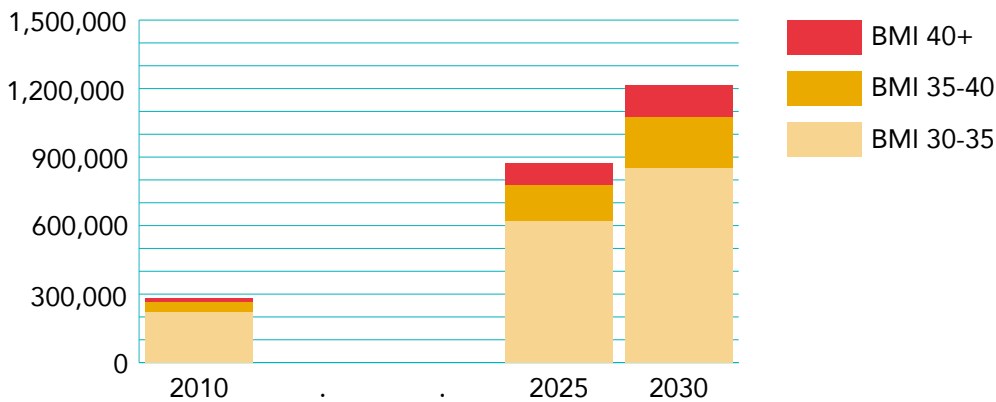
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	3.78%	0.83%	0.45%
	Total number	270,042	59,515	32,304
WOMEN	Prevalence (%)	13.06%	4.18%	1.50%
	Total number	943,114	301,710	108,258

GLOBAL PREPAREDNESS RANKING

183/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.3%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	6.00%	3.85%
Total number	327,929	329,679

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

9.7%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

69.6%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Nigeria

ADULTS WITH OBESITY BY 2030

13.4%

MEDIUM

ADULT OBESITY IN 2030

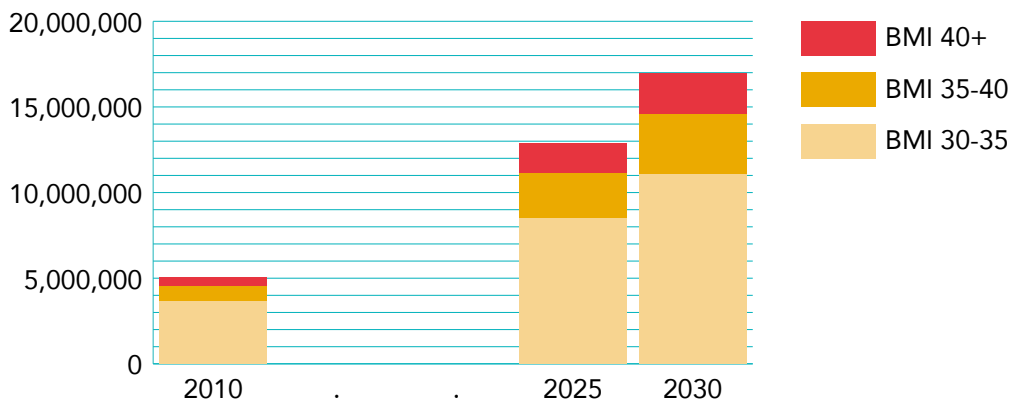
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	7.21%	1.91%	0.80%
	Total number	4,591,058	1,213,012	508,123
WOMEN	Prevalence (%)	19.71%	7.53%	3.00%
	Total number	12,397,271	4,734,726	1,884,690

GLOBAL PREPAREDNESS RANKING

180/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.3%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	7.52%	4.91%
Total number	2,680,172	2,992,309

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

8.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

69%

VERY HIGH

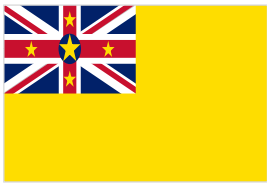
REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Niue

ADULTS WITH OBESITY BY 2030

62.3%

VERY HIGH

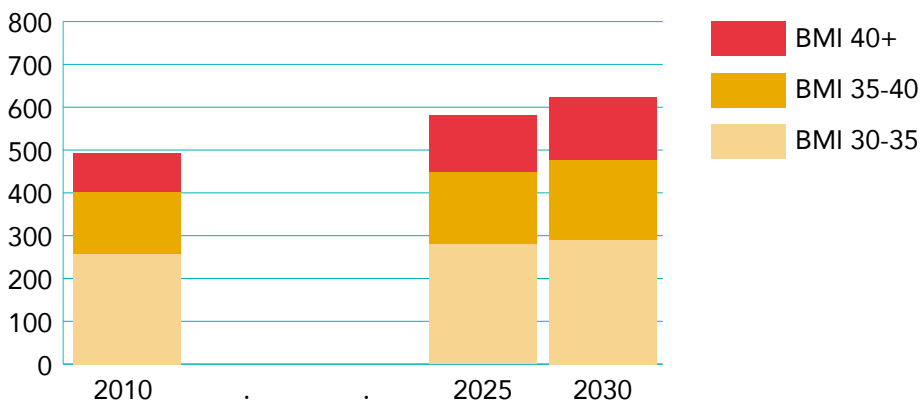
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	58.33%	27.27%	11.22%
	Total number	292	136	56
WOMEN	Prevalence (%)	66.36%	39.34%	18.35%
	Total number	332	197	92

GLOBAL PREPAREDNESS RANKING

NA

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.4%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	44.80%	40.86%
Total number	45	82

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

NA

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



North Korea

ADULTS WITH OBESITY BY 2030

9.3%

LOW: RISING

ADULT OBESITY IN 2030

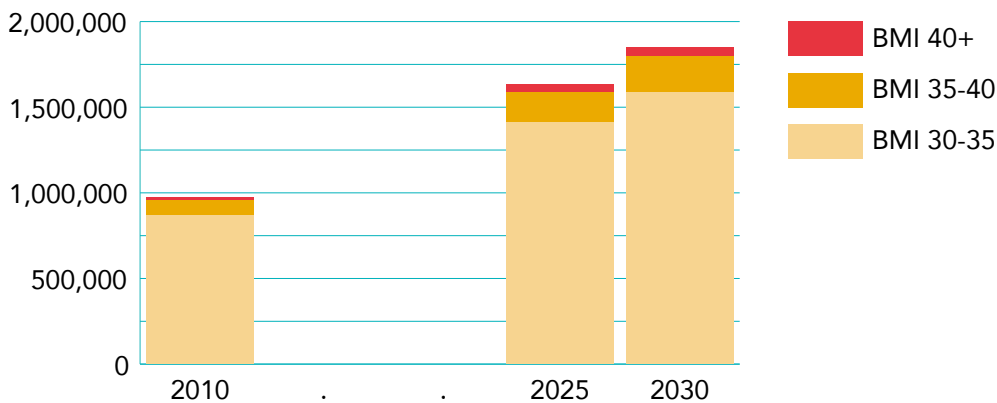
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	8.94%	1.04%	0.24%
	Total number	852,698	99,343	22,742
WOMEN	Prevalence (%)	9.70%	1.62%	0.31%
	Total number	997,223	166,395	31,399

GLOBAL PREPAREDNESS RANKING

122/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.5%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	19.38%	14.60%
Total number	335,455	497,849

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.0%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

41.8%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
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NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



North Macedonia

ADULTS WITH OBESITY BY 2030

27.8%

HIGH

ADULT OBESITY IN 2030

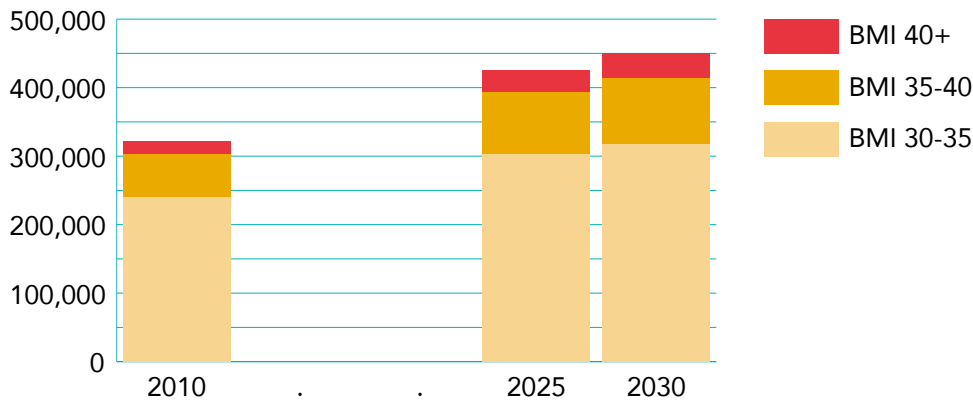
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	29.40	6.93	1.57
	Total number	236,688	55,761	12,662
WOMEN	Prevalence (%)	26.14	9.54	2.90
	Total number	214,386	78,221	23,792

GLOBAL PREPAREDNESS RANKING

44/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.4%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	20.17	14.77
Total number	20,771	33,382

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

4.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

30%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Norway

ADULTS WITH OBESITY BY 2030

30.3%

VERY HIGH

ADULT OBESITY IN 2030

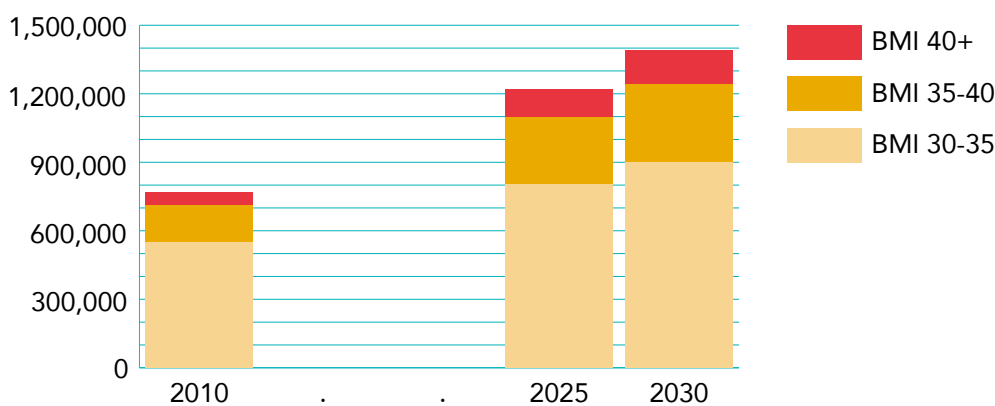
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	31.99%	10.34%	2.59%
	Total number	742,842	240,150	60,024
WOMEN	Prevalence (%)	28.67%	11.19%	3.91%
	Total number	650,209	253,691	88,720

GLOBAL PREPAREDNESS RANKING

3/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	14.54%	11.27%
Total number	46,526	72,023

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

2.2%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

20.3%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Oman

ADULTS WITH OBESITY BY 2030

35.2%

VERY HIGH

ADULT OBESITY IN 2030

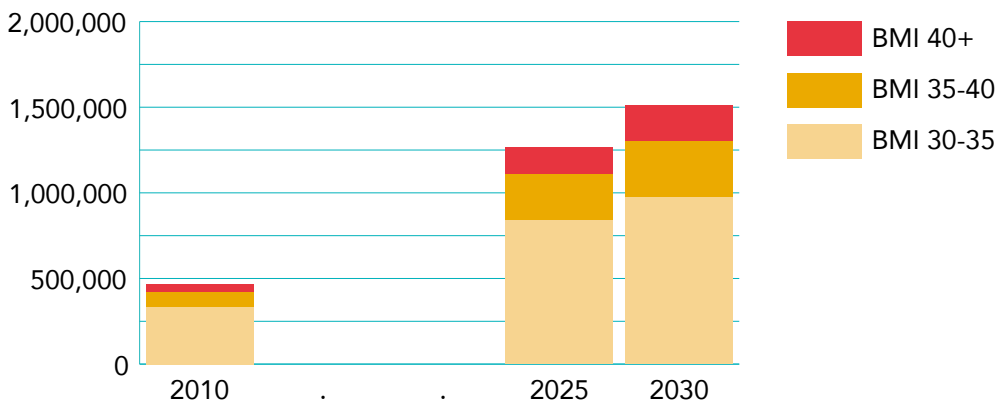
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	31.87%	9.91%	3.48%
	Total number	952,589	296,305	104,121
WOMEN	Prevalence (%)	42.72%	18.28%	7.79%
	Total number	556,633	238,197	101,505

GLOBAL PREPAREDNESS RANKING

49/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.1%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	25.71%	20.19%
Total number	83,574	170,775

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.1%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

50.4%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Pakistan

ADULTS WITH OBESITY BY 2030

12.9%

MEDIUM

ADULT OBESITY IN 2030

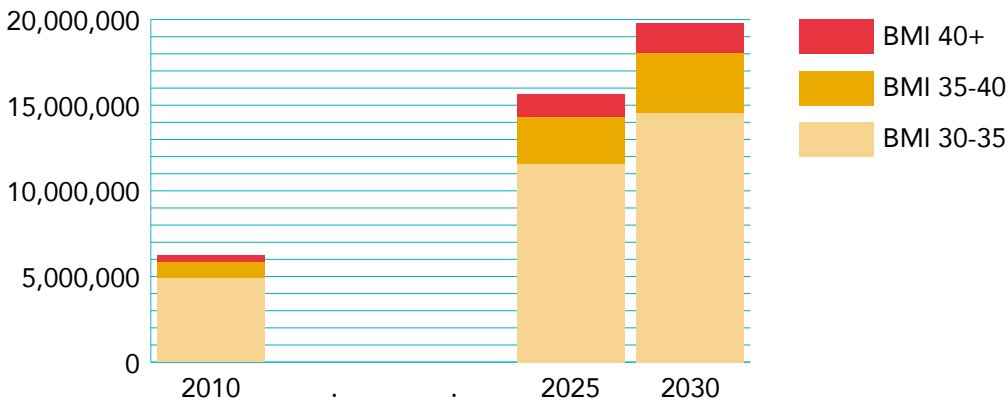
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	9.23%	1.42%	0.52%
	Total number	7,272,308	1,118,233	409,721
WOMEN	Prevalence (%)	16.64%	5.49%	1.83%
	Total number	12,526,590	4,133,830	1,377,255

GLOBAL PREPAREDNESS RANKING

172/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

3.3%

VERY HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	10.79%	7.38%
Total number	2,298,332	3,886,122

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

8.0%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

59.3%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Palau

ADULTS WITH OBESITY BY 2030

66.4%

VERY HIGH

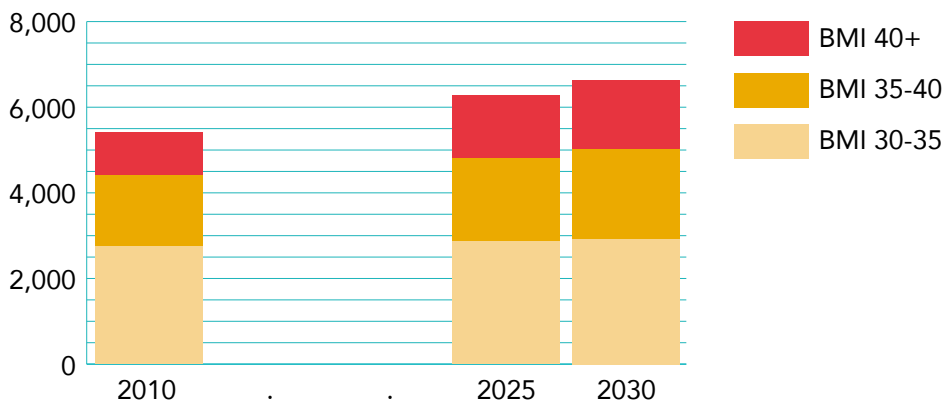
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	64.68%	34.19%	13.70%
	Total number	3,234	1,709	685
WOMEN	Prevalence (%)	68.09%	40.09%	18.77%
	Total number	3,404	2,004	938

GLOBAL PREPAREDNESS RANKING

NA

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.1%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	44.70%	40.06%
Total number	447	801

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.3%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

NA

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Palestine

ADULTS WITH OBESITY BY 2030

41.4%

VERY HIGH

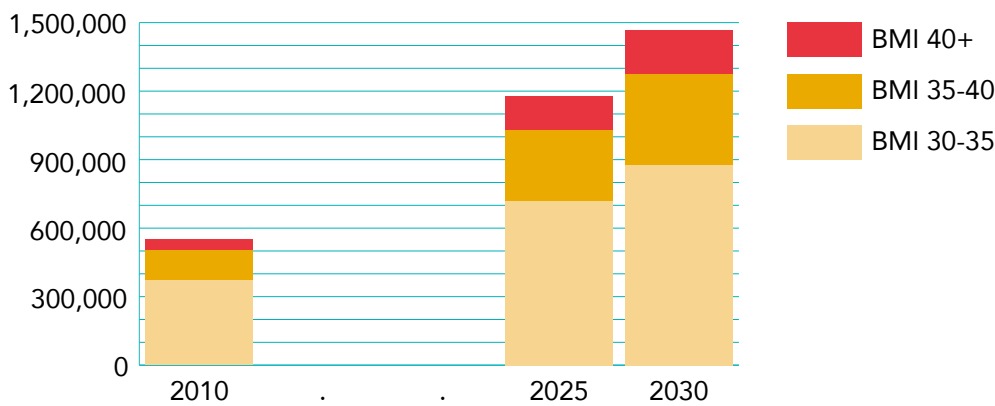
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	35.58%	11.47%	2.70%
	Total number	630,144	204,299	48,135
WOMEN	Prevalence (%)	47.59%	21.91%	8.29%
	Total number	836,125	385,015	145,725

GLOBAL PREPAREDNESS RANKING

NA

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.6%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	23.72%	17.73%
Total number	172,917	238,976

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.1%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

NA

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Panama

ADULTS WITH OBESITY BY 2030

30.6%

VERY HIGH

ADULT OBESITY IN 2030

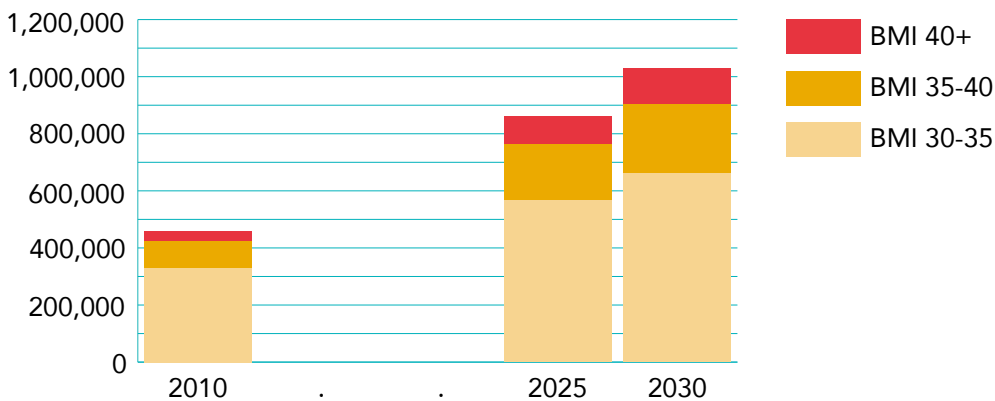
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	25.00%	7.00%	2.23%
	Total number	415,033	116,257	36,942
WOMEN	Prevalence (%)	36.12%	14.80%	5.27%
	Total number	615,092	251,977	89,808

GLOBAL PREPAREDNESS RANKING

70/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.0%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	19.87%	14.78%
Total number	78,295	114,703

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

35.5%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Papua New Guinea

ADULTS WITH OBESITY BY 2030

28.9%

HIGH

ADULT OBESITY IN 2030

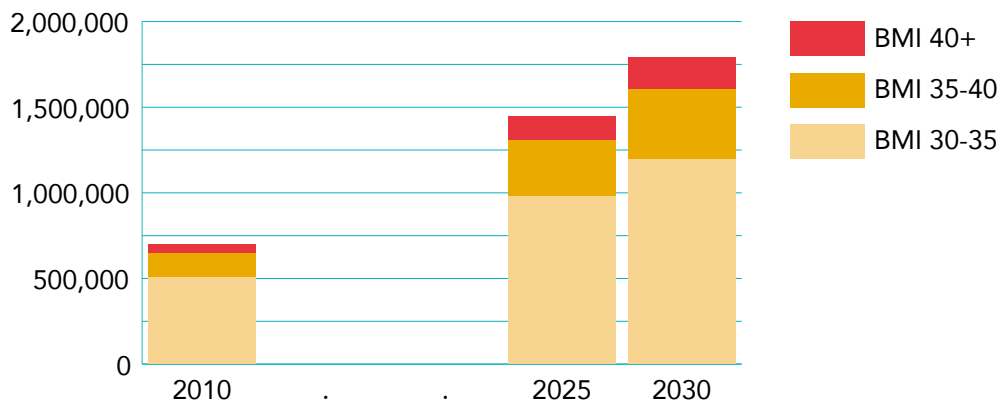
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	23.41%	5.72%	1.82%
	Total number	736,392	180,057	57,311
WOMEN	Prevalence (%)	34.45%	13.66%	4.21%
	Total number	1,055,983	418,676	129,062

GLOBAL PREPAREDNESS RANKING

182/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.2%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	21.29%	16.89%
Total number	246,077	359,117

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

70.8%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Paraguay

ADULTS WITH OBESITY BY 2030

28.1%

HIGH

ADULT OBESITY IN 2030

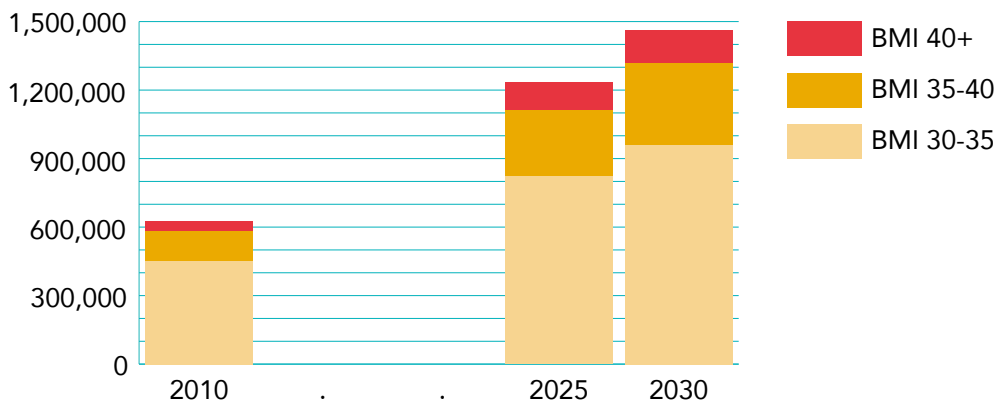
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	24.43%	5.94%	1.41%
	Total number	640,532	155,686	36,998
WOMEN	Prevalence (%)	31.88%	13.52%	4.32%
	Total number	823,197	348,962	111,484

GLOBAL PREPAREDNESS RANKING

94/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.3%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	21.24%	16.27%
Total number	147,839	221,906

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

47.3%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Peru

ADULTS WITH OBESITY BY 2030

26.0%

HIGH

ADULT OBESITY IN 2030

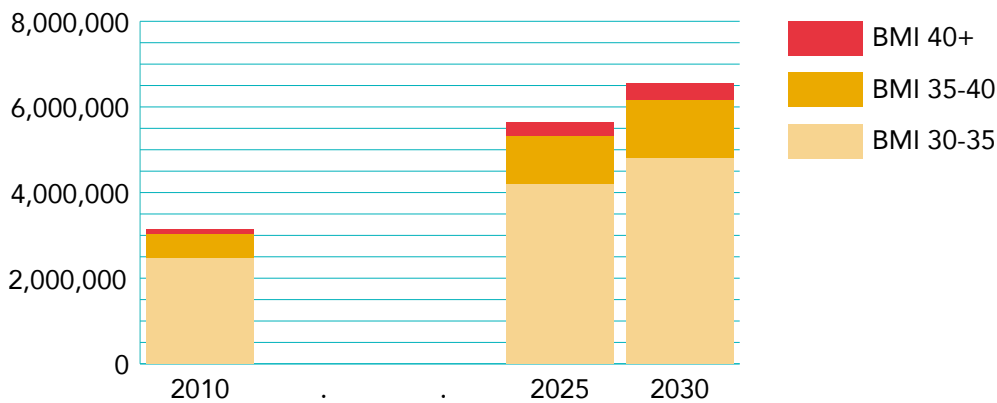
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	20.90%	3.67%	0.67%
	Total number	2,577,412	452,858	82,290
WOMEN	Prevalence (%)	30.89%	10.05%	2.34%
	Total number	3,963,236	1,289,295	300,639

GLOBAL PREPAREDNESS RANKING

65/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.9%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	16.06%	10.94%
Total number	449,759	588,517

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

40.4%

MEDIUM

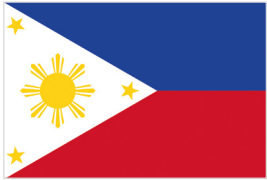
REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Philippines

ADULTS WITH OBESITY BY 2030

9.3%

LOW: RISING

ADULT OBESITY IN 2030

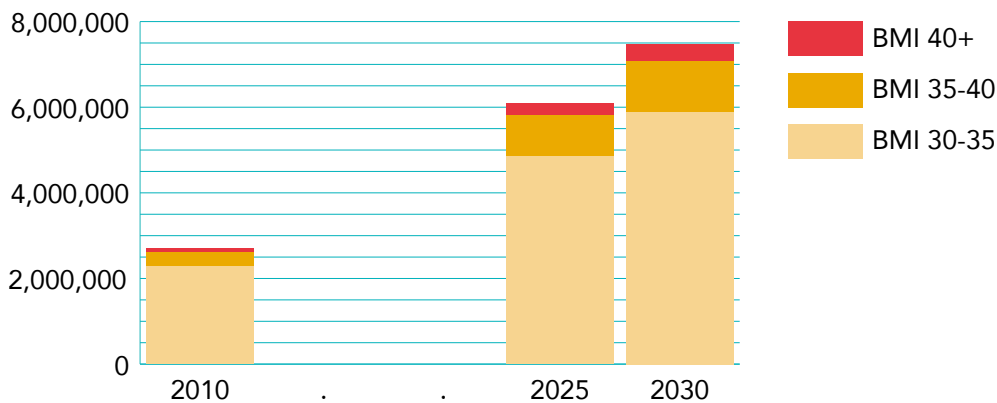
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	7.90%	1.44%	0.37%
	Total number	3,121,641	571,112	146,341
WOMEN	Prevalence (%)	10.68%	2.47%	0.59%
	Total number	4,341,847	1,005,857	237,989

GLOBAL PREPAREDNESS RANKING

119/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.0%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	12.29%	7.80%
Total number	1,323,033	1,699,926

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

52.3%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Poland

ADULTS WITH OBESITY BY 2030

28.9%

HIGH

ADULT OBESITY IN 2030

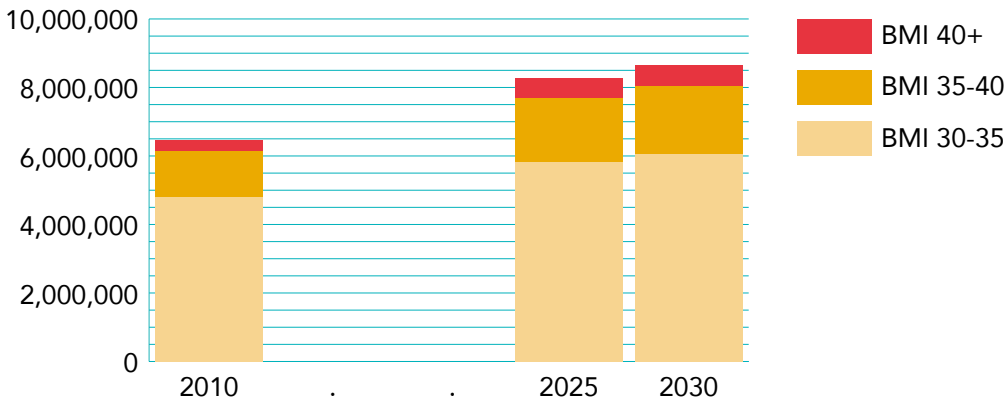
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	31.58%	7.60%	1.35%
	Total number	4,508,289	1,084,881	192,219
WOMEN	Prevalence (%)	26.54%	9.61%	2.77%
	Total number	4,147,061	1,500,698	433,501

GLOBAL PREPAREDNESS RANKING

30/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.5%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	20.25%	13.88%
Total number	347,365	523,815

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

33%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Portugal

ADULTS WITH OBESITY BY 2030

28.1%

HIGH

ADULT OBESITY IN 2030

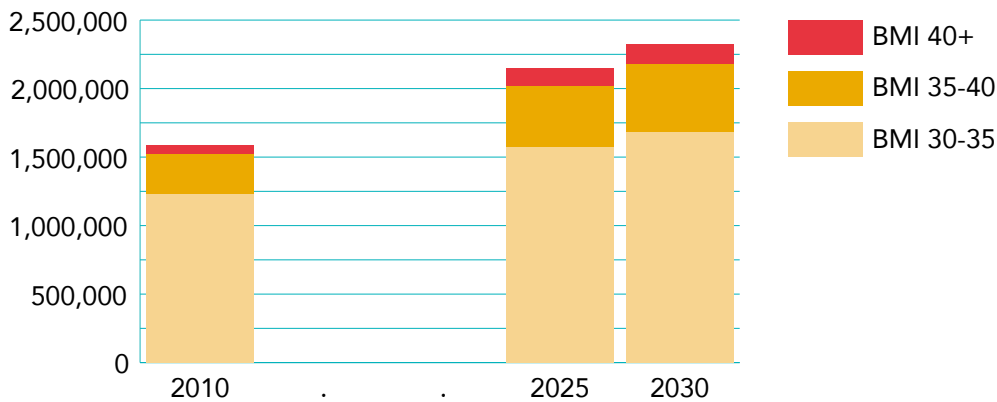
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	28.49%	6.60%	1.25%
	Total number	1,104,706	255,798	48,536
WOMEN	Prevalence (%)	27.71%	8.87%	2.33%
	Total number	1,222,472	391,402	102,909

GLOBAL PREPAREDNESS RANKING

8/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.0%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	17.55%	11.03%
Total number	68,462	93,576

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.5%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

20%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Puerto Rico

ADULTS WITH OBESITY BY 2030

41.9%

VERY HIGH

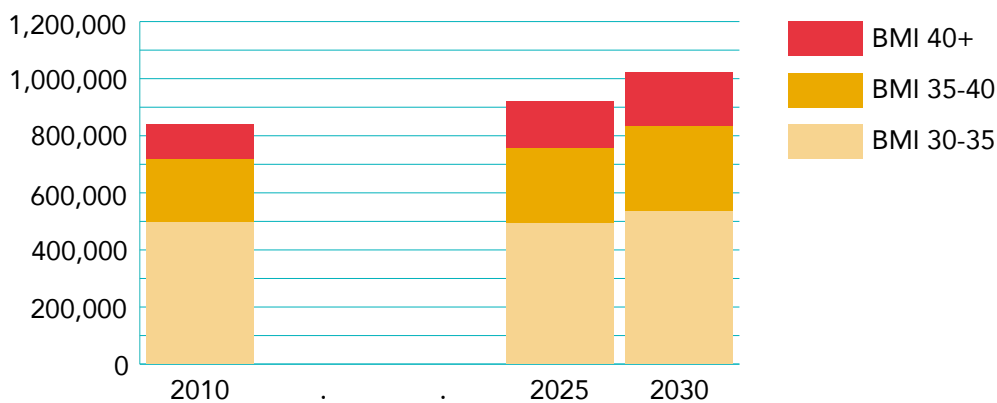
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	36.30%	14.18%	5.46%
	Total number	414,567	161,959	62,324
WOMEN	Prevalence (%)	46.82%	25.14%	9.88%
	Total number	608,635	326,774	128,439

GLOBAL PREPAREDNESS RANKING

NA

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.2%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	27.39%	22.11%
Total number	27,938	55,484

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.7%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

NA

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Qatar

ADULTS WITH OBESITY BY 2030

44.3%

VERY HIGH

ADULT OBESITY IN 2030

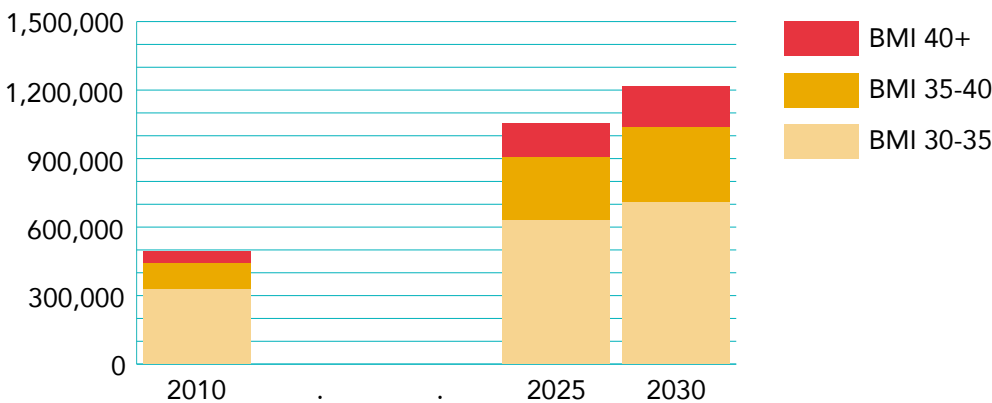
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	42.37%	16.89%	5.38%
	Total number	906,268	361,333	115,140
WOMEN	Prevalence (%)	50.90%	24.71%	11.10%
	Total number	313,570	152,228	68,354

GLOBAL PREPAREDNESS RANKING

62/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.7%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	27.54%	22.20%
Total number	28,930	65,274

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.7%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

56.6%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Romania

ADULTS WITH OBESITY BY 2030

28.9%

HIGH

ADULT OBESITY IN 2030

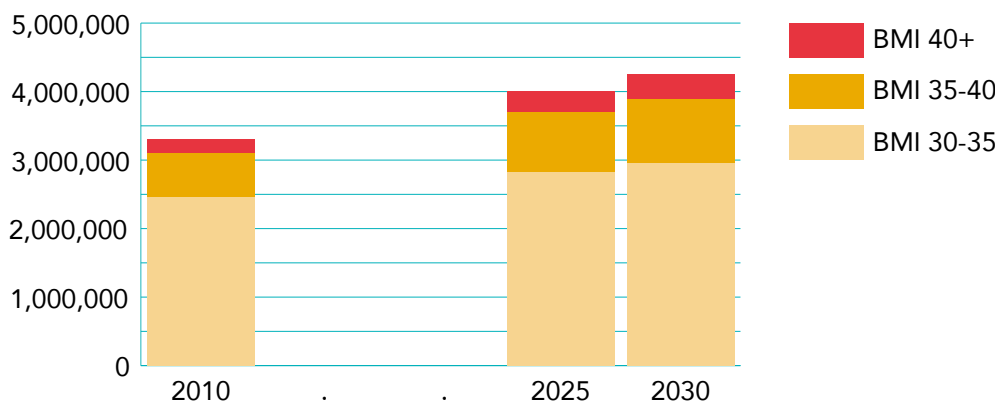
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	31.46%	7.93%	2.04%
	Total number	2,219,154	559,367	143,590
WOMEN	Prevalence (%)	26.46%	9.45%	2.71%
	Total number	2,024,805	722,805	207,212

GLOBAL PREPAREDNESS RANKING

80/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.7%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	20.06%	14.30%
Total number	175,107	270,709

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

31.1%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Russian Federation

ADULTS WITH OBESITY BY 2030

27.5%

HIGH

ADULT OBESITY IN 2030

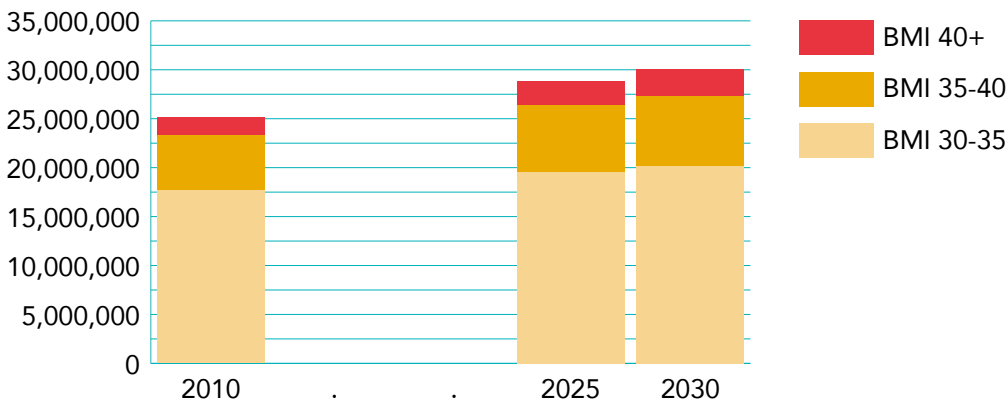
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	24.32%	5.48%	0.96%
	Total number	11,896,783	2,682,313	469,549
WOMEN	Prevalence (%)	30.10%	11.94%	3.66%
	Total number	18,111,526	7,183,032	2,203,222

GLOBAL PREPAREDNESS RANKING

43/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.1%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	16.19%	8.62%
Total number	1,333,023	1,609,101

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.8%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

40.2%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Rwanda

ADULTS WITH OBESITY BY 2030

9.1%

LOW: RISING

ADULT OBESITY IN 2030

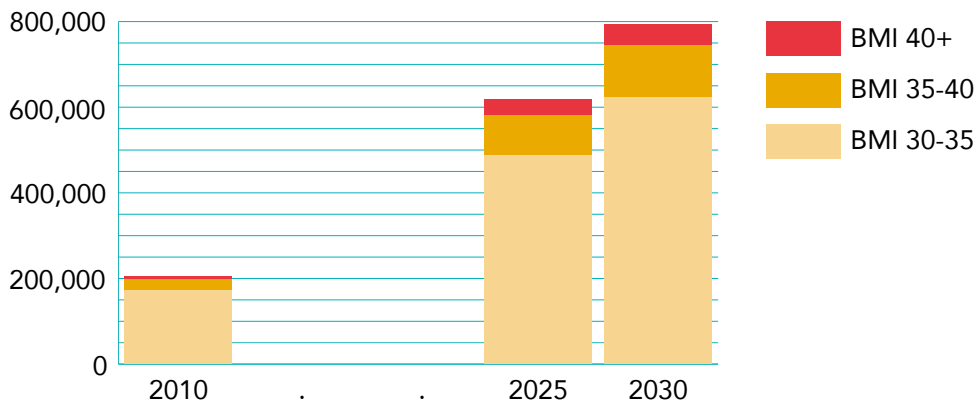
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	3.17%	0.31%	0.08%
	Total number	133,896	13,181	444
WOMEN	Prevalence (%)	14.61%	3.51%	1.02%
	Total number	660,285	158,478	45,951

GLOBAL PREPAREDNESS RANKING

112/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.7%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	7.19%	4.58%
Total number	139,675	161,336

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

9.1%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

64.6%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Saint Kitts & Nevis

ADULTS WITH OBESITY BY 2030

30.9%

VERY HIGH

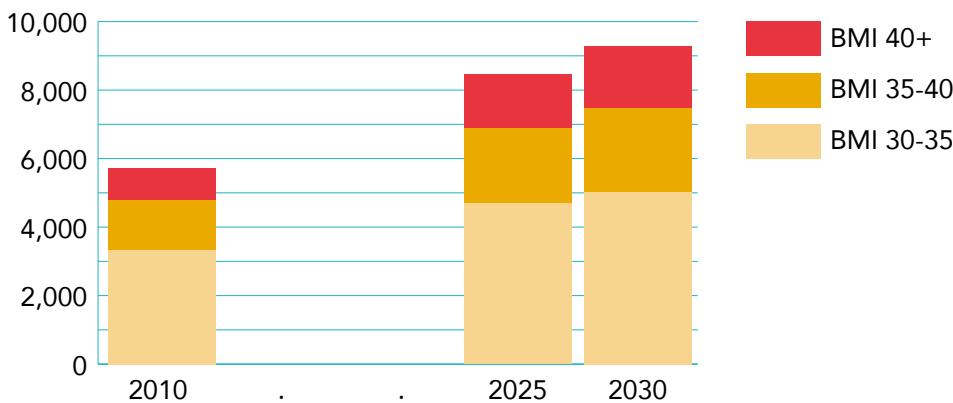
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	22.02%	7.64%	2.96%
	Total number	3,304	1,146	444
WOMEN	Prevalence (%)	39.86%	20.76%	9.11%
	Total number	5,979	3,113	1,367

GLOBAL PREPAREDNESS RANKING

NA

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.2%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	25.14%	20.06%
Total number	754	1,204

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.6%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

NA

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Saint Lucia

ADULTS WITH OBESITY BY 2030

25.7%

HIGH

ADULT OBESITY IN 2030

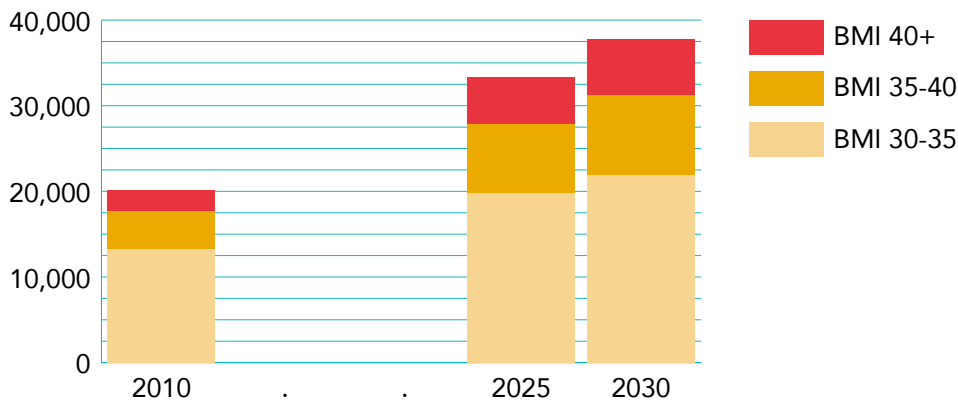
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	16.45%	4.60%	1.64%
	Total number	12,009	3,359	1,197
WOMEN	Prevalence (%)	34.79%	16.90%	7.22%
	Total number	25,746	12,504	5,343

GLOBAL PREPAREDNESS RANKING

87/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.0%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	19.72%	15.03%
Total number	1,972	3,307

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.1%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

37.4%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Saint Vincent & The Grenadines

ADULTS WITH OBESITY BY 2030

32.9%

VERY HIGH

ADULT OBESITY IN 2030

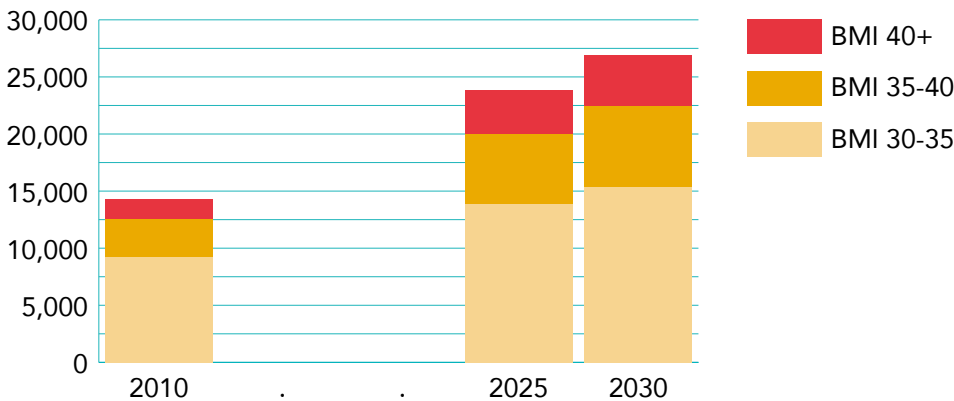
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	24.22%	7.40%	2.48%
	Total number	9,930	3,033	1,017
WOMEN	Prevalence (%)	41.48%	20.88%	8.52%
	Total number	17,007	8,559	3,494

GLOBAL PREPAREDNESS RANKING

96/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

2.3%

HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	24.70%	19.51%
Total number	1,729	3,121

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

4.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

45%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Samoa

ADULTS WITH OBESITY BY 2030

58.0%

VERY HIGH

ADULT OBESITY IN 2030

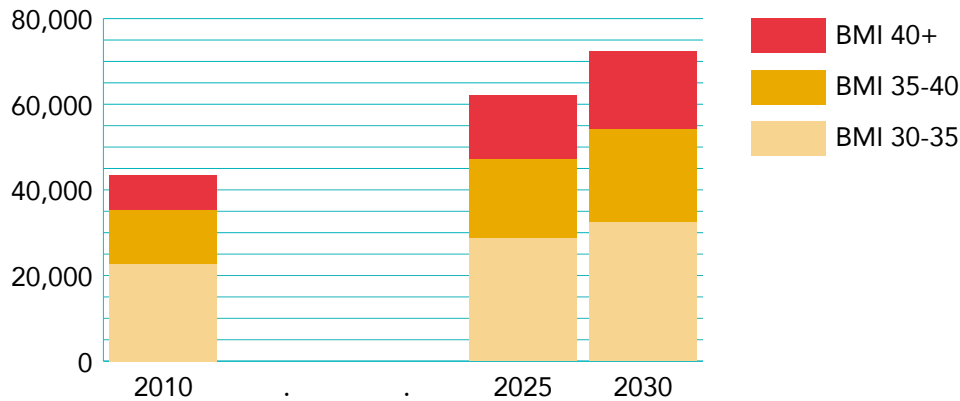
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	51.49%	24.76%	10.04%
	Total number	33,466	16,097	6,526
WOMEN	Prevalence (%)	64.98%	40.01%	19.72%
	Total number	38,990	24,009	11,829

GLOBAL PREPAREDNESS RANKING

110/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.3%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	37.10%	32.79%
Total number	8,533	16,394

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

4.0%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

58.8%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Sao Tome and Principe

ADULTS WITH OBESITY BY 2030

18.0%

MEDIUM

ADULT OBESITY IN 2030

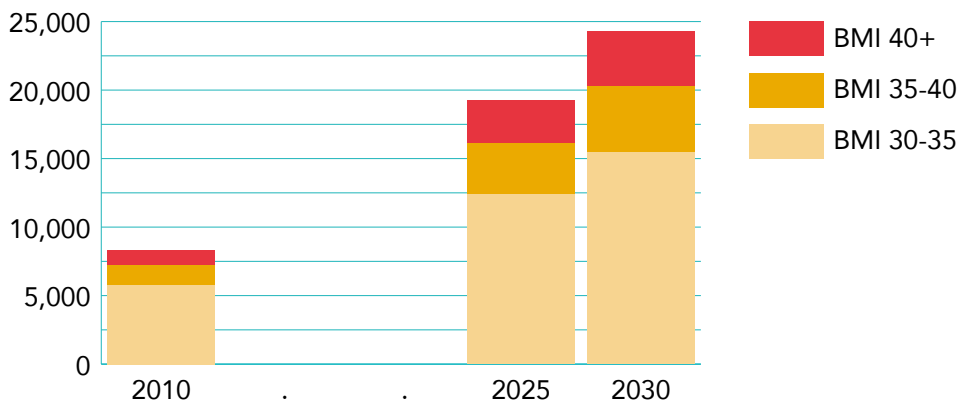
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	11.18%	2.84%	1.33%
	Total number	7,492	1,904	893
WOMEN	Prevalence (%)	24.67%	10.16%	4.59%
	Total number	16,777	6,908	3,123

GLOBAL PREPAREDNESS RANKING

129/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

3.0%

HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	9.68%	6.57%
Total number	3,195	4,008

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

6.0%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

56.8%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Saudi Arabia

ADULTS WITH OBESITY BY 2030

45.0%

VERY HIGH

ADULT OBESITY IN 2030

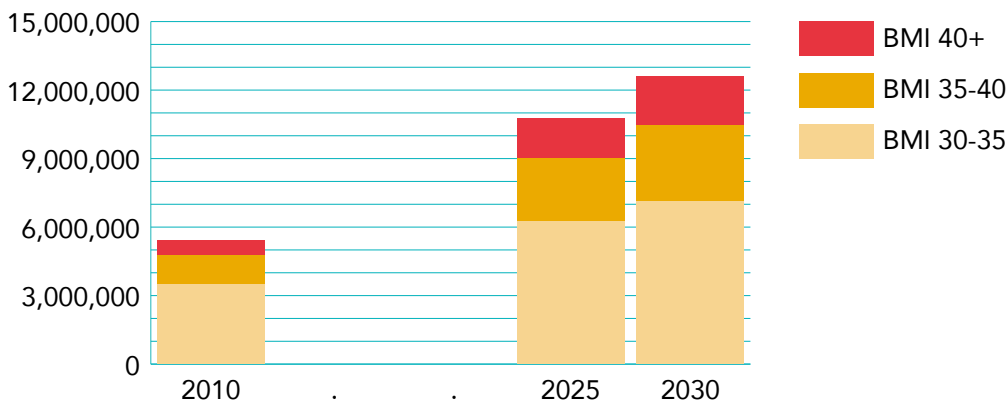
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	40.94%	15.97%	5.64%
	Total number	6,837,070	2,667,602	942,634
WOMEN	Prevalence (%)	50.99%	24.94%	10.93%
	Total number	5,791,073	2,832,281	1,241,226

GLOBAL PREPAREDNESS RANKING

100/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.6%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	25.43%	23.26%
Total number	568,174	1,370,547

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.7%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

64.8%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Senegal

ADULTS WITH OBESITY BY 2030

12.6%

MEDIUM

ADULT OBESITY IN 2030

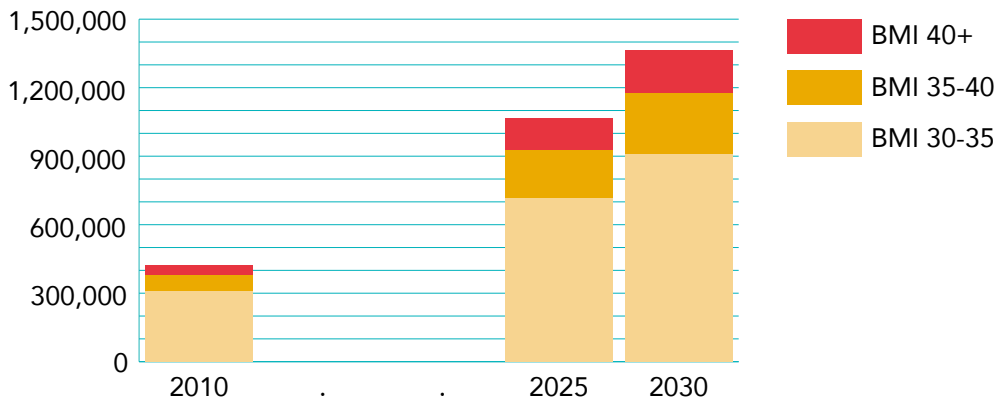
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	5.97%	1.17%	0.55%
	Total number	306,559	60,201	28,465
WOMEN	Prevalence (%)	18.59%	6.96%	2.77%
	Total number	1,055,001	394,636	157,122

GLOBAL PREPAREDNESS RANKING

118/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

2.8%

HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	5.99%	3.69%
Total number	166,033	183,284

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

6.8%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

61.1%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Serbia

ADULTS WITH OBESITY BY 2030

27.8%

HIGH

ADULT OBESITY IN 2030

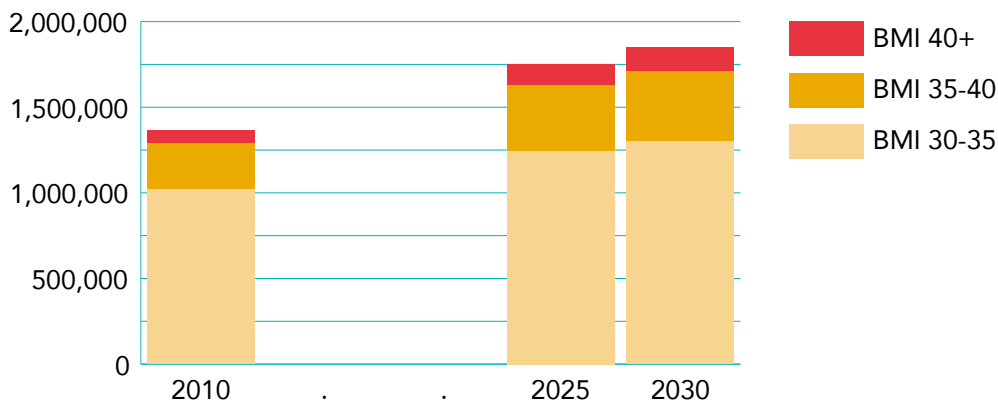
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	28.47%	6.11%	1.00%
	Total number	916,029	196,653	32,076
WOMEN	Prevalence (%)	27.08%	10.24%	3.04%
	Total number	931,769	352,432	104,501

GLOBAL PREPAREDNESS RANKING

60/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.7%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	22.30%	15.36%
Total number	85,843	130,063

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

30.4%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Seychelles

ADULTS WITH OBESITY BY 2030

19.0%

MEDIUM

ADULT OBESITY IN 2030

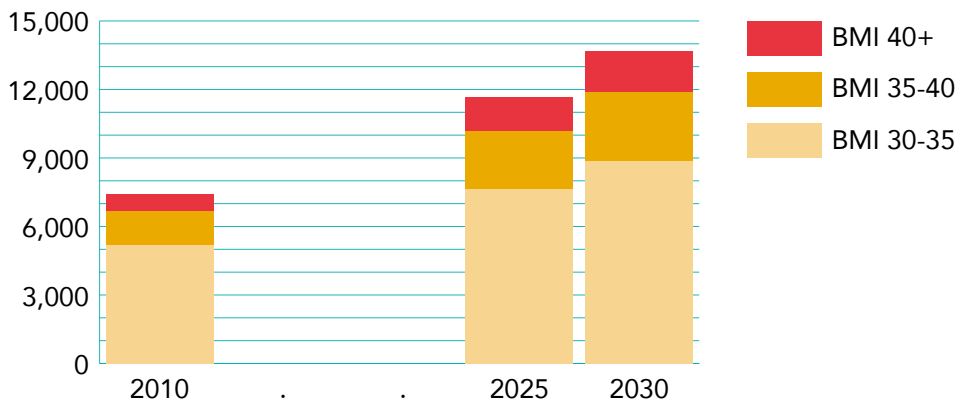
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	10.92%	2.03%	0.55%
	Total number	4,150	770	209
WOMEN	Prevalence (%)	27.95%	11.85%	4.60%
	Total number	9,503	4,029	1,564

GLOBAL PREPAREDNESS RANKING

73/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.3%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	21.77%	17.01%
Total number	1,524	2,722

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

48.1%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Sierra Leone

ADULTS WITH OBESITY BY 2030

12.5%

MEDIUM

ADULT OBESITY IN 2030

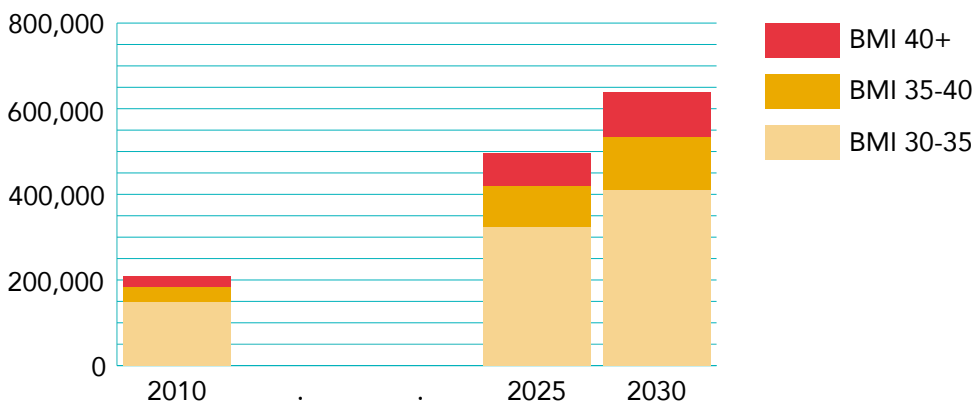
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	5.75%	1.55%	0.86%
	Total number	146,260	39,538	21,826
WOMEN	Prevalence (%)	19.25%	7.38%	3.26%
	Total number	492,680	188,810	83,512

GLOBAL PREPAREDNESS RANKING

169/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.9%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	7.69%	5.22%
Total number	89,803	111,908

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

6.6%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

68.2%

VERY HIGH

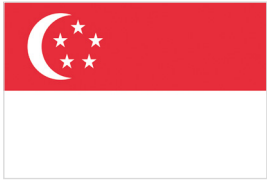
REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Singapore

ADULTS WITH OBESITY BY 2030

7.9%

LOW: RISING

ADULT OBESITY IN 2030

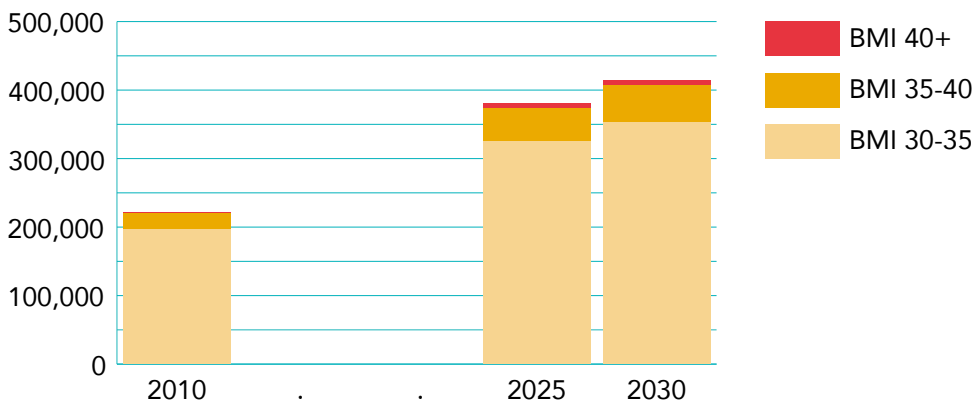
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	8.18%	1.01%	0.14%
	Total number	224,605	27,757	3,869
WOMEN	Prevalence (%)	7.58%	1.37%	0.15%
	Total number	189,839	34,440	3,821

GLOBAL PREPAREDNESS RANKING

71/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	11.01%	7.19%
Total number	28,613	36,100

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.1%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

46.4%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Slovakia

ADULTS WITH OBESITY BY 2030

25.6%

HIGH

ADULT OBESITY IN 2030

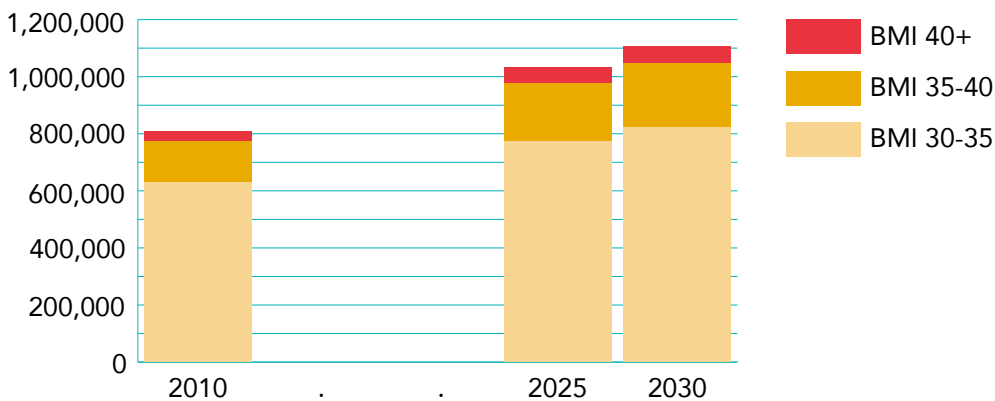
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	27.49%	5.08%	0.94%
	Total number	571,231	105,577	19,504
WOMEN	Prevalence (%)	23.88%	7.98%	1.83%
	Total number	536,124	179,108	41,028

GLOBAL PREPAREDNESS RANKING

53/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.5%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	19.23%	14.25%
Total number	51,333	80,822

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.4%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

33.4%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Slovenia

ADULTS WITH OBESITY BY 2030

25.6%

HIGH

ADULT OBESITY IN 2030

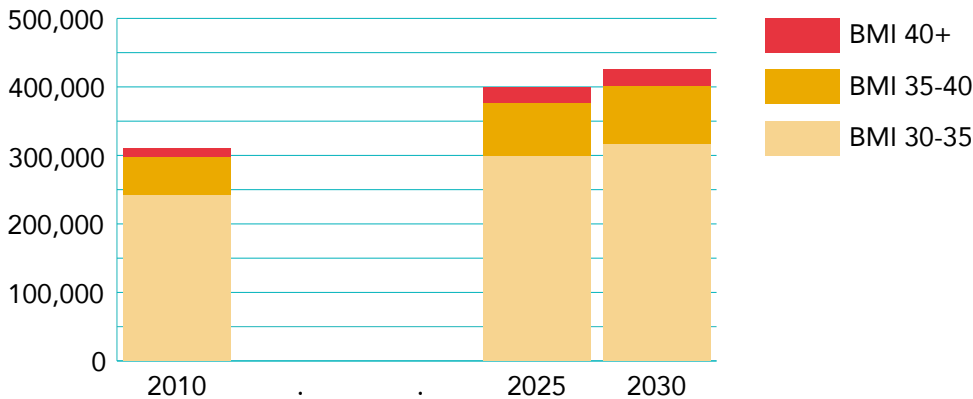
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	25.76%	4.62%	0.95%
	Total number	212,480	38,141	7,847
WOMEN	Prevalence (%)	25.48%	8.63%	2.11%
	Total number	213,496	73,322	17,705

GLOBAL PREPAREDNESS RANKING

32/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.6%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	20.88%	14.30%
Total number	19,418	30,319

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

4.7%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

24.4%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Solomon Islands

ADULTS WITH OBESITY BY 2030

31.2%

VERY HIGH

ADULT OBESITY IN 2030

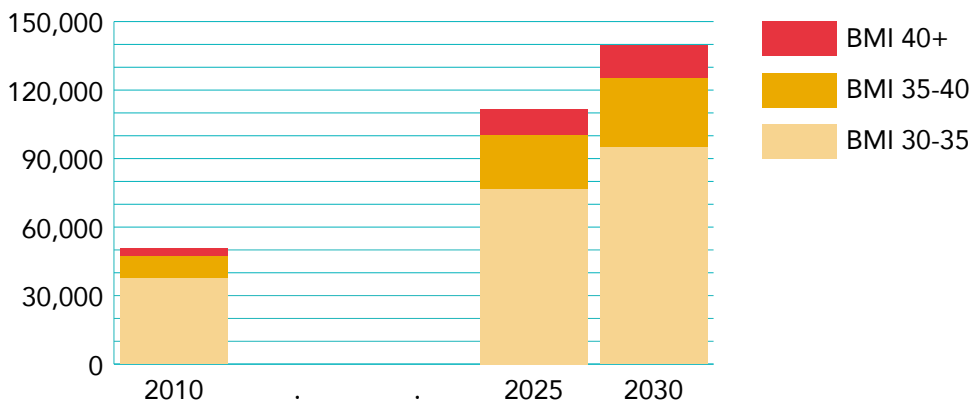
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	25.95%	6.83%	2.64%
	Total number	58,388	15,375	5,938
WOMEN	Prevalence (%)	36.53%	13.36%	3.98%
	Total number	81,472	29,785	8,885

GLOBAL PREPAREDNESS RANKING

152/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.4%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	11.99%	10.92%
Total number	12,829	21,176

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

7.6%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

64.3%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Somalia

ADULTS WITH OBESITY BY 2030

12.1%

MEDIUM

ADULT OBESITY IN 2030

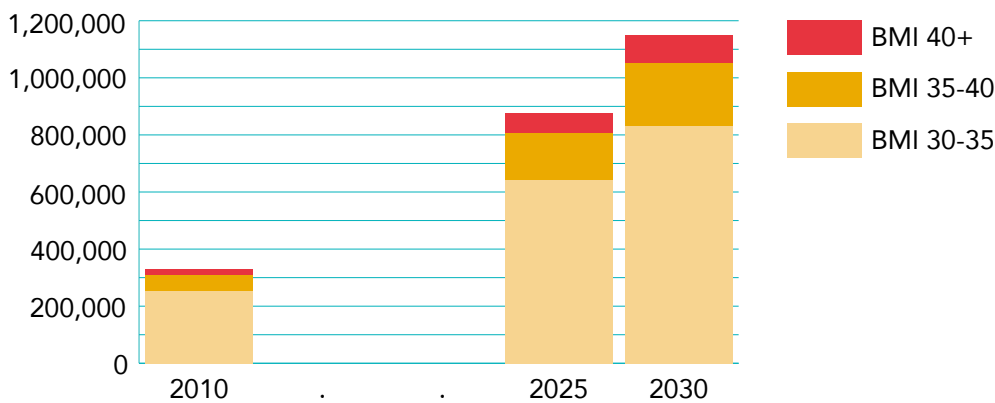
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	6.05%	0.93%	0.25%
	Total number	282,613	43,200	11,447
WOMEN	Prevalence (%)	18.01%	5.69%	1.78%
	Total number	866,664	273,987	85,808

GLOBAL PREPAREDNESS RANKING

181/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

3.1%

VERY HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	9.74%	6.52%
Total number	237,367	325,676

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

7.3%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

68.5%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



South Africa

ADULTS WITH OBESITY BY 2030

36.7%

VERY HIGH

ADULT OBESITY IN 2030

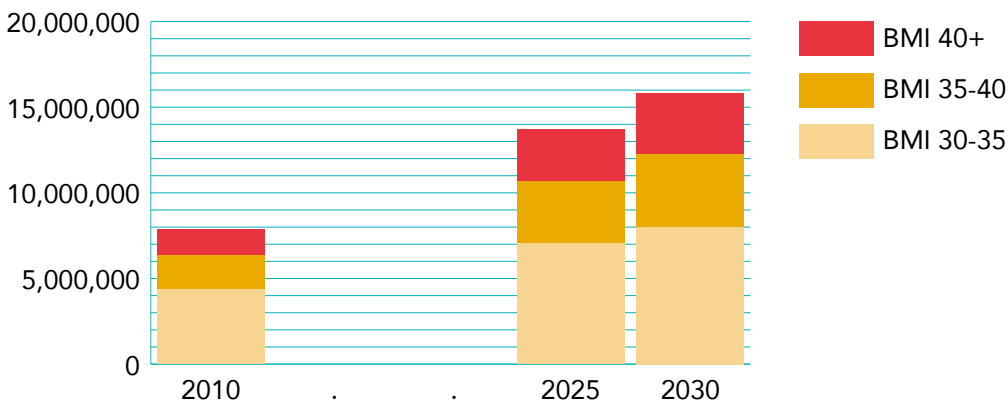
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	22.89%	8.60%	3.18%
	Total number	4,767,161	1,792,189	661,497
WOMEN	Prevalence (%)	49.59%	27.04%	13.13%
	Total number	11,069,007	6,034,505	2,931,722

GLOBAL PREPAREDNESS RANKING

114/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.9%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	28.17%	27.14%
Total number	1,591,113	3,139,634

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

8.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

62.9%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
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NCD premature deaths:
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Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



South Korea

ADULTS WITH OBESITY BY 2030

6.4%

LOW: RISING

ADULT OBESITY IN 2030

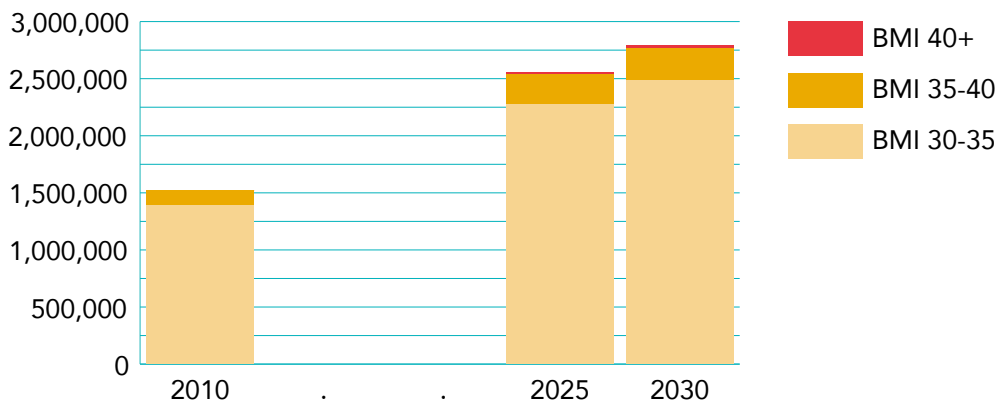
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	6.44%	0.50%	0.05%
	Total number	1,392,510	107,414	10,155
WOMEN	Prevalence (%)	6.37%	0.91%	0.05%
	Total number	1,395,859	198,212	11,712

GLOBAL PREPAREDNESS RANKING

17/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.4%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	17.05%	10.60%
Total number	296,976	442,636

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.6%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

28.4%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Spain

ADULTS WITH OBESITY BY 2030

29.4%

HIGH

ADULT OBESITY IN 2030

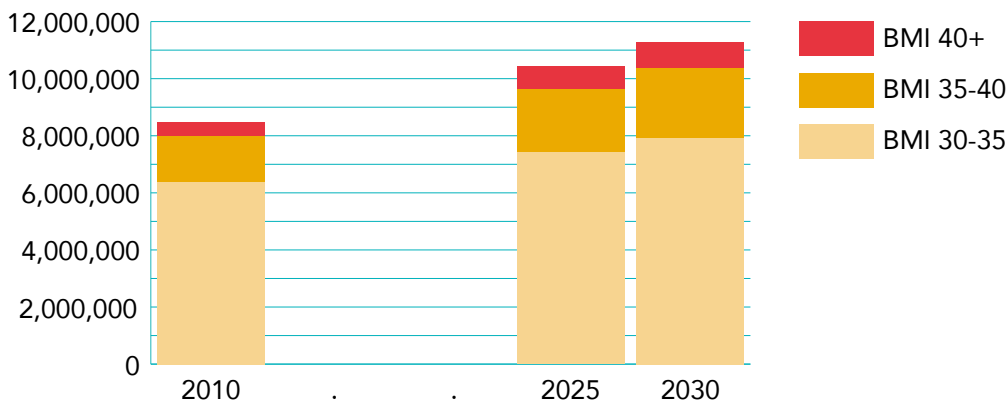
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	31.89%	7.86%	1.58%
	Total number	5,956,080	1,467,958	294,612
WOMEN	Prevalence (%)	27.06%	9.63%	3.21%
	Total number	5,328,794	1,896,684	633,014

GLOBAL PREPAREDNESS RANKING

51/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.3%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	18.63%	11.55%
Total number	344,863	492,344

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.9%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

18.5%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Sri Lanka

ADULTS WITH OBESITY BY 2030

8.0%

LOW: RISING

ADULT OBESITY IN 2030

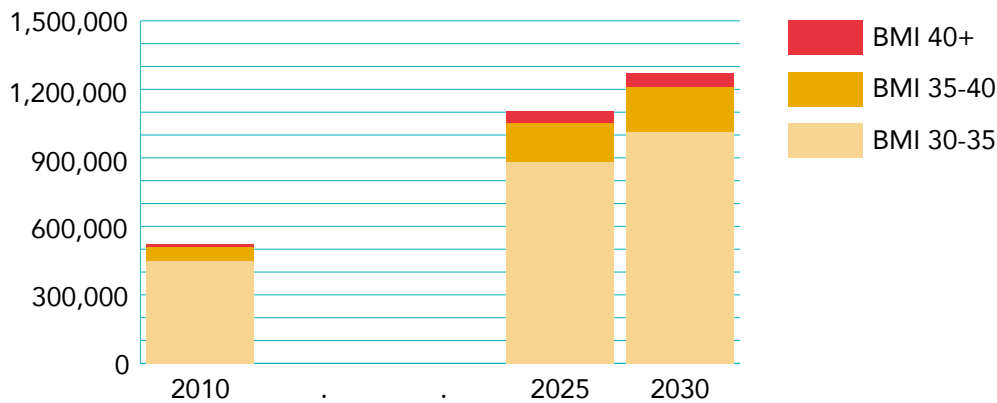
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	4.58%	0.63%	0.11%
	Total number	334,711	45,962	8,390
WOMEN	Prevalence (%)	11.03%	2.51%	0.64%
	Total number	935,630	212,581	54,053

GLOBAL PREPAREDNESS RANKING

40/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

3.7%

VERY HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	16.02%	11.76%
Total number	259,099	380,577

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

8.3%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

34.3%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
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Sudan

ADULTS WITH OBESITY BY 2030

11.7%

MEDIUM

ADULT OBESITY IN 2030

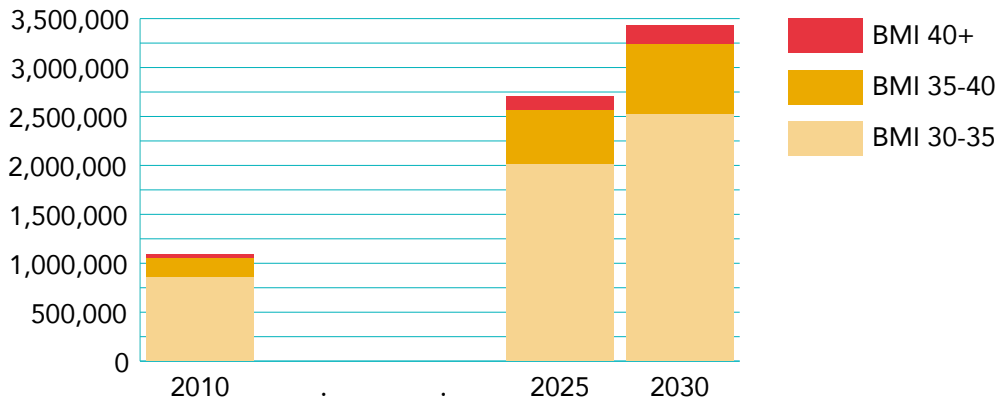
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	5.64%	0.86%	0.17%
	Total number	816,061	123,907	24,828
WOMEN	Prevalence (%)	17.67%	5.32%	1.12%
	Total number	2,617,698	788,424	165,413

GLOBAL PREPAREDNESS RANKING

120/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

2.7%

HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	9.27%	6.14%
Total number	803,734	730,219

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

7.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

54.6%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
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Suriname

ADULTS WITH OBESITY BY 2030

34.0%

VERY HIGH

ADULT OBESITY IN 2030

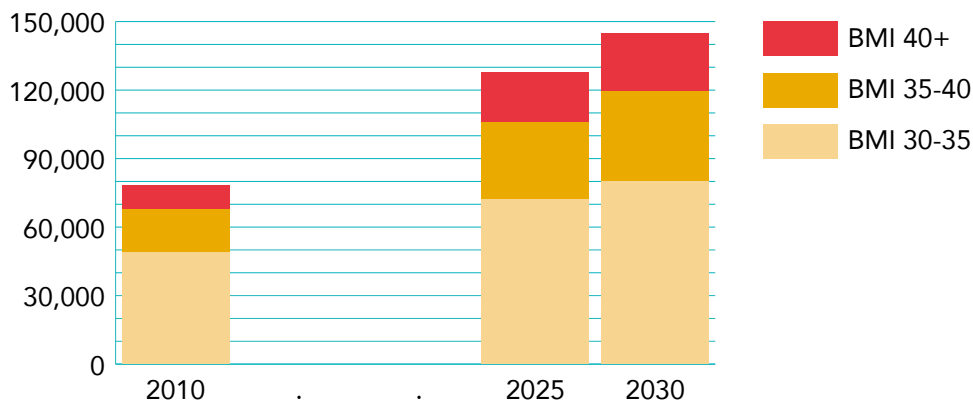
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	25.92%	8.62%	2.84%
	Total number	54,686	18,192	5,994
WOMEN	Prevalence (%)	41.87%	21.77%	9.09%
	Total number	90,434	47,017	19,644

GLOBAL PREPAREDNESS RANKING

106/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.7%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	24.28%	18.82%
Total number	12,384	19,578

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

3.0%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

46.6%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
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Obesity-NCD preparedness
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Sweden

ADULTS WITH OBESITY BY 2030

26.7%

HIGH

ADULT OBESITY IN 2030

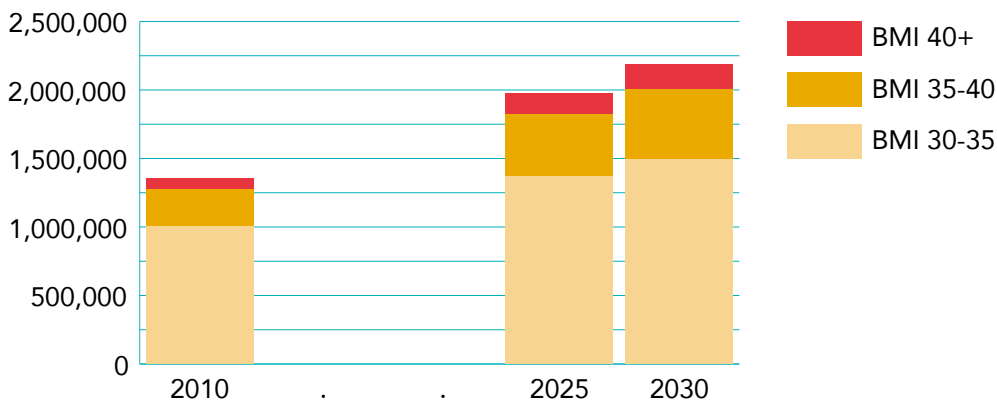
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	30.78%	9.47%	2.12%
	Total number	1,259,473	387,665	86,890
WOMEN	Prevalence (%)	22.59%	7.58%	2.34%
	Total number	928,802	311,612	96,311

GLOBAL PREPAREDNESS RANKING

5/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	10.97%	8.16%
Total number	67,251	99,581

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.2%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

15.9%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
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Switzerland

ADULTS WITH OBESITY BY 2030

25.3%

HIGH

ADULT OBESITY IN 2030

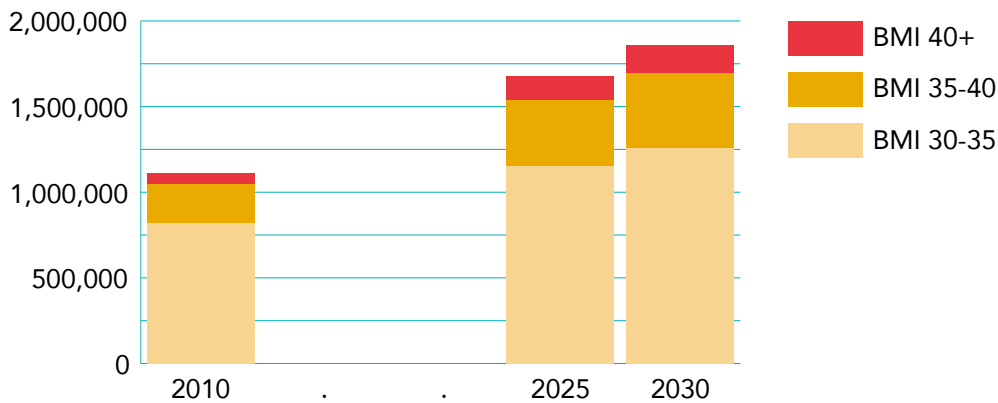
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	29.41%	9.11%	2.24%
	Total number	1,068,314	331,017	81,368
WOMEN	Prevalence (%)	21.21%	7.19%	2.28%
	Total number	790,308	268,067	84,870

GLOBAL PREPAREDNESS RANKING

1/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.7%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	10.41%	7.76%
Total number	46,625	71,426

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

2.7%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

17.8%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
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NCD premature deaths:
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Obesity-NCD preparedness
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Syrian Arab Republic

ADULTS WITH OBESITY BY 2030

37.4%

VERY HIGH

ADULT OBESITY IN 2030

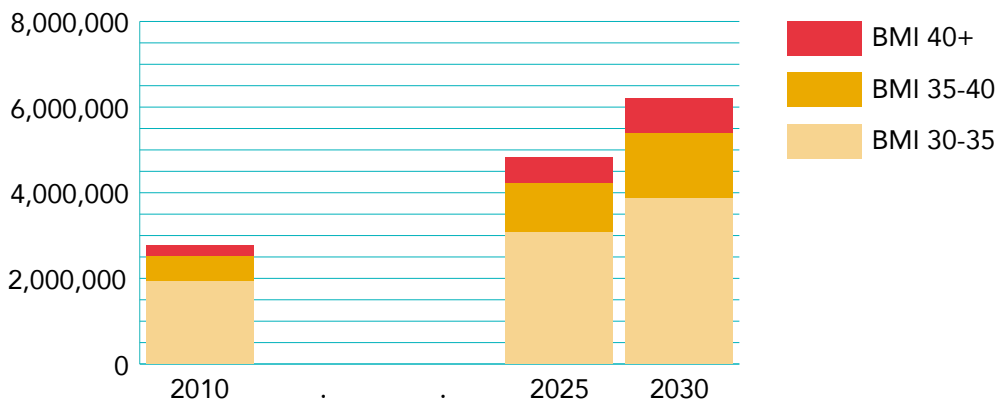
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	29.58%	8.43%	2.31%
	Total number	2,421,431	690,212	188,832
WOMEN	Prevalence (%)	44.94%	19.63%	7.45%
	Total number	3,789,440	1,665,430	627,898

GLOBAL PREPAREDNESS RANKING

83/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.1%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	22.88%	17.40%
Total number	636,258	871,048

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.1%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

48.1%

HIGH

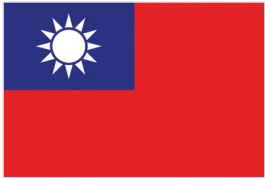
REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Taiwan

ADULTS WITH OBESITY BY 2030

10.8%

MEDIUM

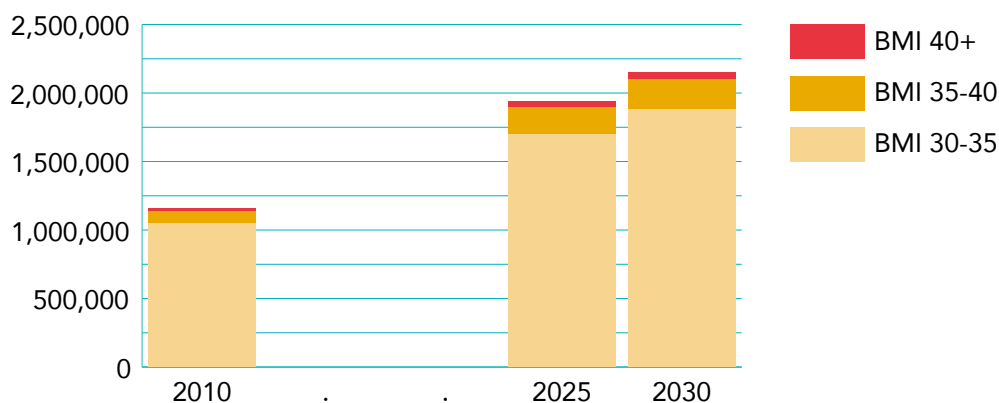
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	10.45%	1.03%	0.24%
	Total number	1,016,502	100,262	22,887
WOMEN	Prevalence (%)	11.16%	1.71%	0.26%
	Total number	1,136,892	173,993	26,294

GLOBAL PREPAREDNESS RANKING

NA

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

2.6%

HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	24.03%	17.20%
Total number	246,081	356,218

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

4.4%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

NA

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Tajikistan

ADULTS WITH OBESITY BY 2030

20.0%

HIGH

ADULT OBESITY IN 2030

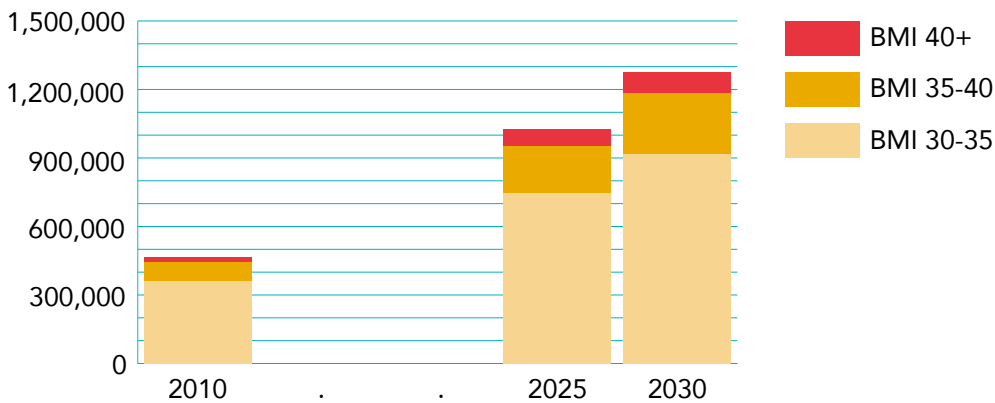
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	16.60%	3.01%	0.63%
	Total number	521,959	94,664	19,662
WOMEN	Prevalence (%)	23.37%	8.15%	2.32%
	Total number	754,328	263,122	74,960

GLOBAL PREPAREDNESS RANKING

127/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

2.7%

HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	9.96%	6.55%
Total number	130,801	167,188

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

7.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

54.9%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Tanzania

ADULTS WITH OBESITY BY 2030

12.7%

MEDIUM

ADULT OBESITY IN 2030

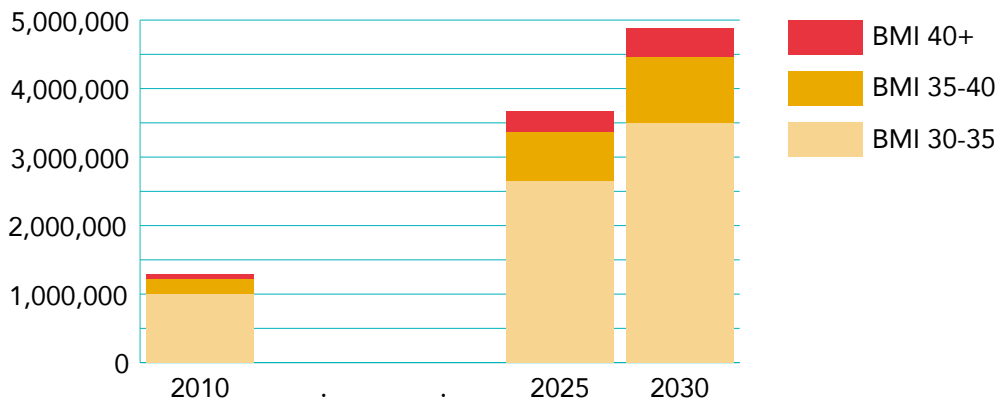
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	6.17%	0.96%	0.20%
	Total number	1,173,201	182,280	37,598
WOMEN	Prevalence (%)	19.11%	6.21%	1.98%
	Total number	3,708,234	1,204,672	383,831

GLOBAL PREPAREDNESS RANKING

104/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.4%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	9.46%	6.31%
Total number	1,011,953	1,136,564

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

8.6%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

63.3%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Thailand

ADULTS WITH OBESITY BY 2030

15.7%

MEDIUM

ADULT OBESITY IN 2030

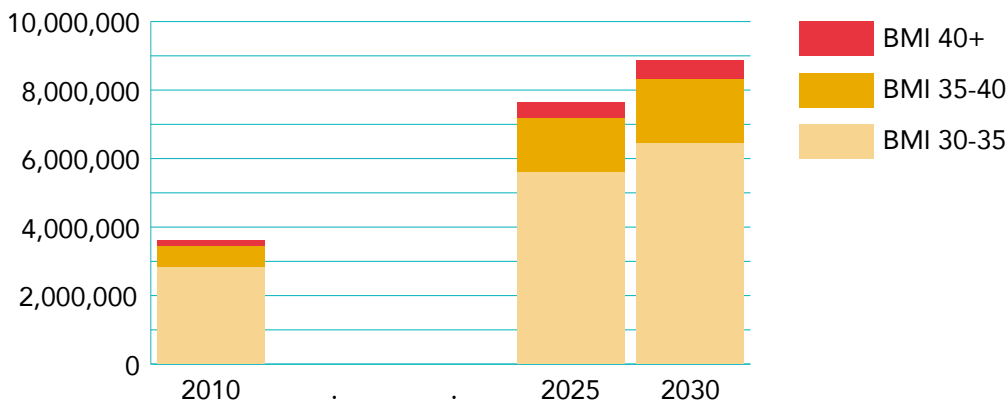
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	11.35%	1.93%	0.28%
	Total number	3,055,524	520,810	75,380
WOMEN	Prevalence (%)	19.71%	6.52%	1.61%
	Total number	5,828,776	1,927,117	476,194

GLOBAL PREPAREDNESS RANKING

86/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

4.0%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	26.58%	20.27%
Total number	826,799	1,506,040

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

42.1%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Timor-Leste

ADULTS WITH OBESITY BY 2030

6.0%

LOW: RISING

ADULT OBESITY IN 2030

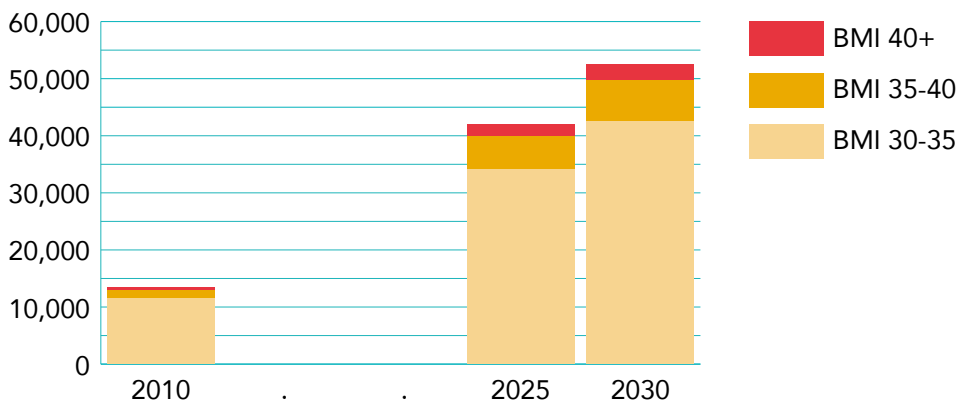
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	4.28%	0.48%	0.11%
	Total number	18,758	2,089	466
WOMEN	Prevalence (%)	7.70%	1.83%	0.54%
	Total number	33,793	8,017	2,378

GLOBAL PREPAREDNESS RANKING

44/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

4.1%

VERY HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	14.73%	10.01%
Total number	33,098	32,617

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

8.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

48.7%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
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NCD premature deaths:
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Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Togo

ADULTS WITH OBESITY BY 2030

12.3%

MEDIUM

ADULT OBESITY IN 2030

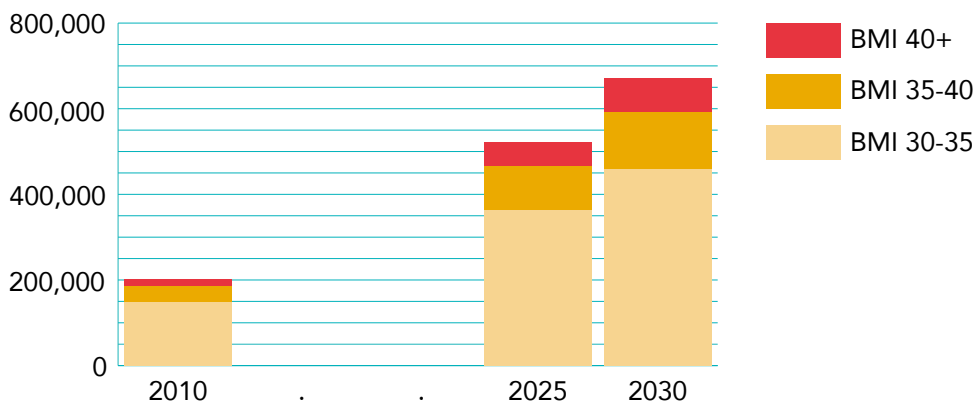
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	6.02%	1.12%	0.45%
	Total number	161,981	30,196	12,034
WOMEN	Prevalence (%)	18.56%	6.62%	2.41%
	Total number	508,581	181,298	66,092

GLOBAL PREPAREDNESS RANKING

132/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.1%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	7.31%	4.54%
Total number	94,235	103,528

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

7.8%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

69.8%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
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NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Tokelau

ADULTS WITH OBESITY BY 2030

58.7%

VERY HIGH

ADULT OBESITY IN 2030

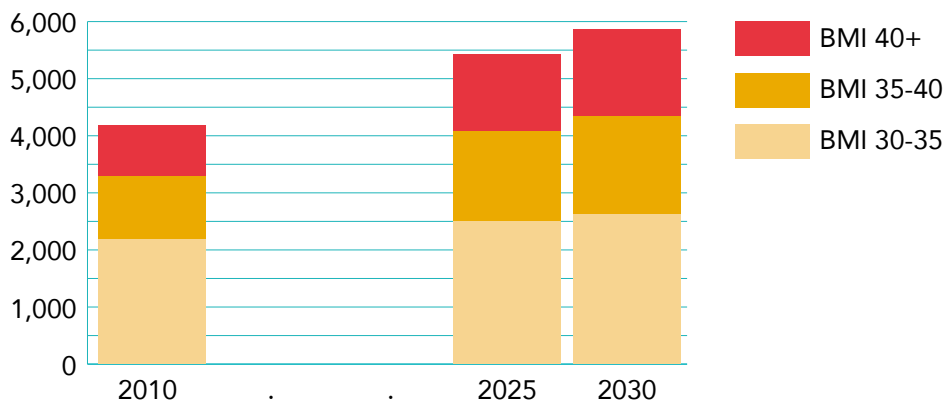
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	54.08%	26.82%	12.15%
	Total number	2,704	1,341	607
WOMEN	Prevalence (%)	63.33%	38.14%	18.28%
	Total number	3,166	1,907	914

GLOBAL PREPAREDNESS RANKING

175/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.7%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	40.47%	36.67%
Total number	405	733

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.0%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

NA

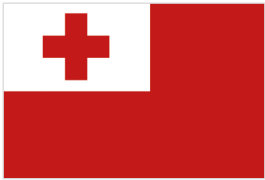
REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Tonga

ADULTS WITH OBESITY BY 2030

59.3%

VERY HIGH

ADULT OBESITY IN 2030

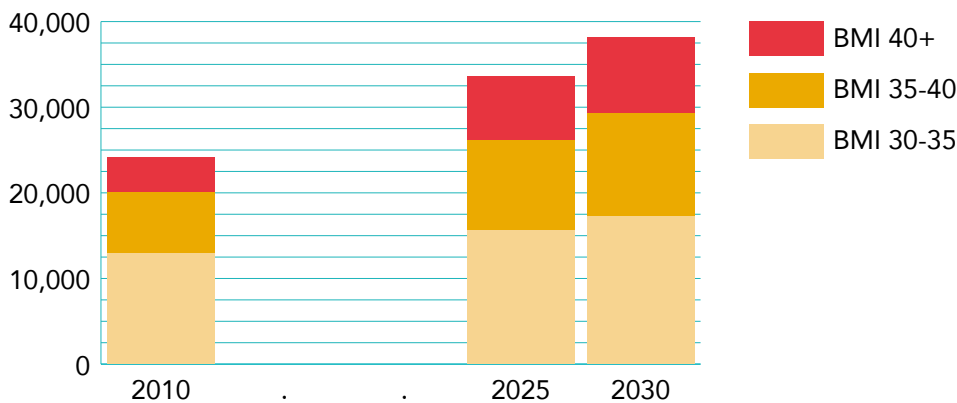
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	53.59%	25.72%	9.75%
	Total number	16,614	7,973	3,022
WOMEN	Prevalence (%)	64.60	38.12%	17.15%
	Total number	21,531	12,961	5,832

GLOBAL PREPAREDNESS RANKING

109/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.3%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	40.99%	36.90%
Total number	4,919	8,856

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

49%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Trinidad and Tobago

ADULTS WITH OBESITY BY 2030

26.3%

HIGH

ADULT OBESITY IN 2030

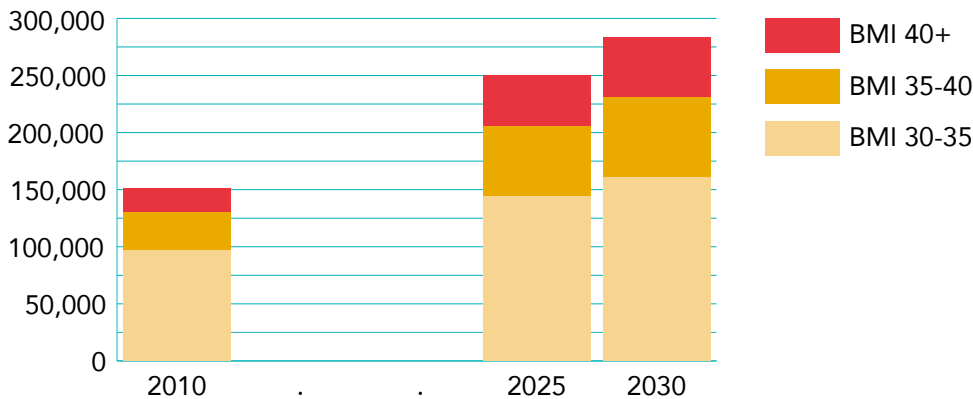
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	15.76%	3.78%	1.16%
	Total number	82,065	19,818	6,088
WOMEN	Prevalence (%)	36.31%	18.71%	8.43%
	Total number	201,131	103,634	46,725

GLOBAL PREPAREDNESS RANKING

63/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.6%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	24.58%	19.14%
Total number	19,169	35,026

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.4%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

45.4%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Tunisia

ADULTS WITH OBESITY BY 2030

35.5%

VERY HIGH

ADULT OBESITY IN 2030

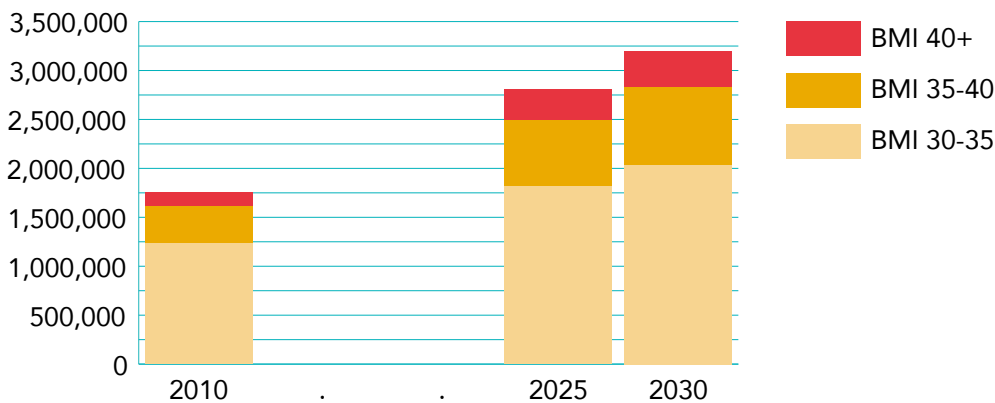
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	27.09%	6.84%	1.65%
	Total number	1,191,637	301,033	72,603
WOMEN	Prevalence (%)	43.55%	18.65%	6.49%
	Total number	2,001,351	857,145	298,324

GLOBAL PREPAREDNESS RANKING

64/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.9%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	17.77%	13.96%
Total number	146,981	280,792

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.5%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

38.1%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Turkey

ADULTS WITH OBESITY BY 2030

42.1%

VERY HIGH

ADULT OBESITY IN 2030

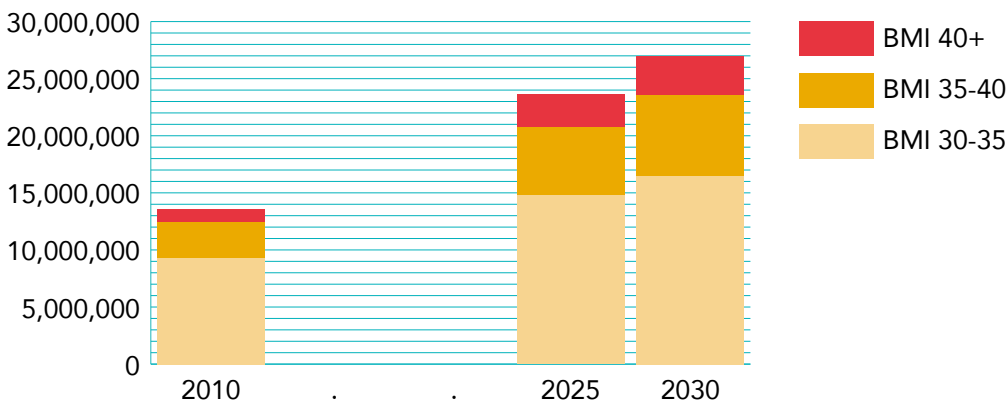
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	34.07%	9.27%	1.92%
	Total number	10,573,794	2,877,640	596,546
WOMEN	Prevalence (%)	49.71%	22.99%	8.61%
	Total number	16,346,320	7,559,167	2,830,077

GLOBAL PREPAREDNESS RANKING

37/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.9%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	22.86%	17.00%
Total number	1,434,262	2,199,924

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

3.8%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

36.3%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Turkmenistan

ADULTS WITH OBESITY BY 2030

25.9%

HIGH

ADULT OBESITY IN 2030

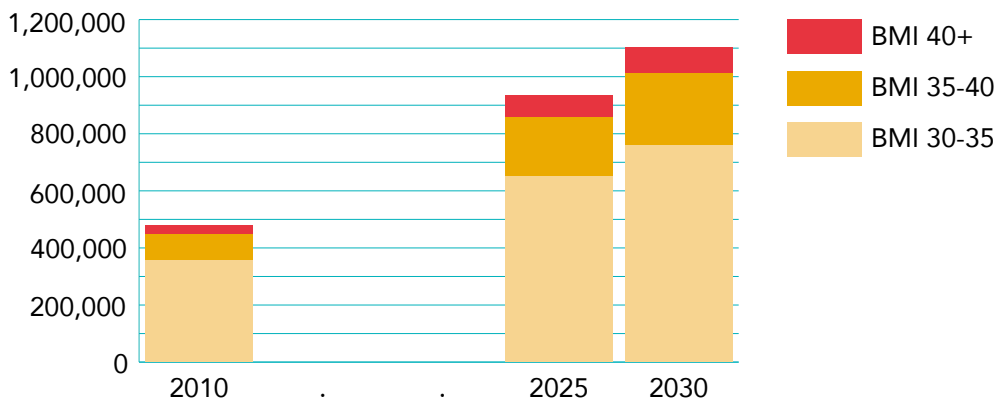
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	22.73%	4.78%	0.96%
	Total number	466,962	98,270	19,740
WOMEN	Prevalence (%)	28.85%	11.24%	3.31%
	Total number	637,048	248,086	72,981

GLOBAL PREPAREDNESS RANKING

127/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

2.5%

HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	12.43%	8.47%
Total number	76,449	111,888

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

5.7%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

62.7%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Tuvalu

ADULTS WITH OBESITY BY 2030

64.1%

VERY HIGH

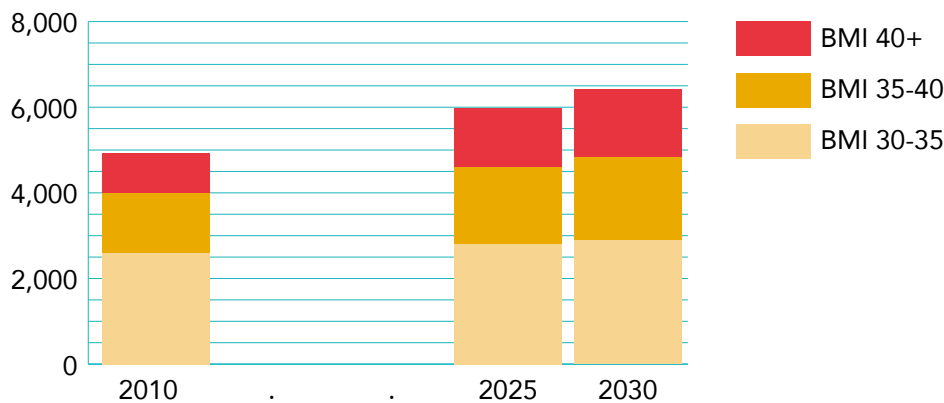
ADULT OBESITY IN 2030

		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	61.07%	31.09%	12.72%
	Total number	3,054	1,554	636
WOMEN	Prevalence (%)	67.06%	39.18%	18.71%
	Total number	3,353	1,959	935

GLOBAL PREPAREDNESS RANKING

NA

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.4%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	42.78%	38.24%
Total number	428	765

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

3.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

NA

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Uganda

ADULTS WITH OBESITY BY 2030

8.1%

LOW: RISING

ADULT OBESITY IN 2030

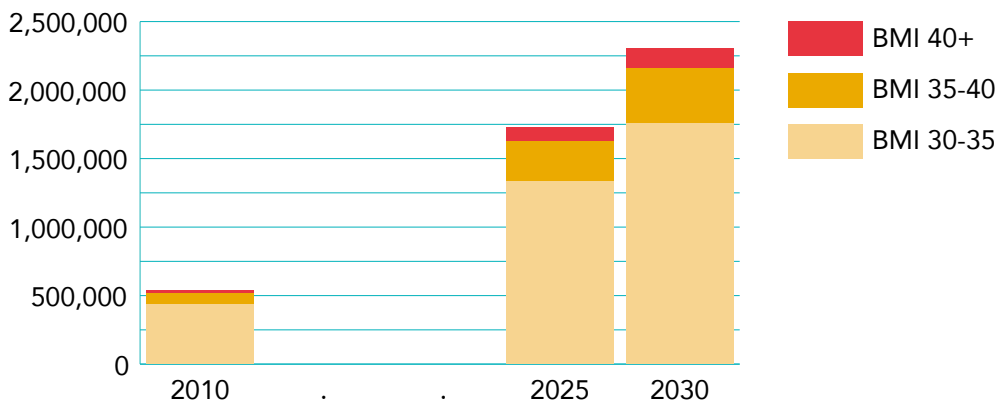
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	2.88%	0.35%	0.12%
	Total number	396,863	47,988	16,576
WOMEN	Prevalence (%)	13.02%	3.41%	0.90%
	Total number	1,908,295	499,139	131,443

GLOBAL PREPAREDNESS RANKING

159/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

3.3%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	7.09%	4.53%
Total number	567,271	652,723

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

9.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

69.6%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Ukraine

ADULTS WITH OBESITY BY 2030

29.3%

HIGH

ADULT OBESITY IN 2030

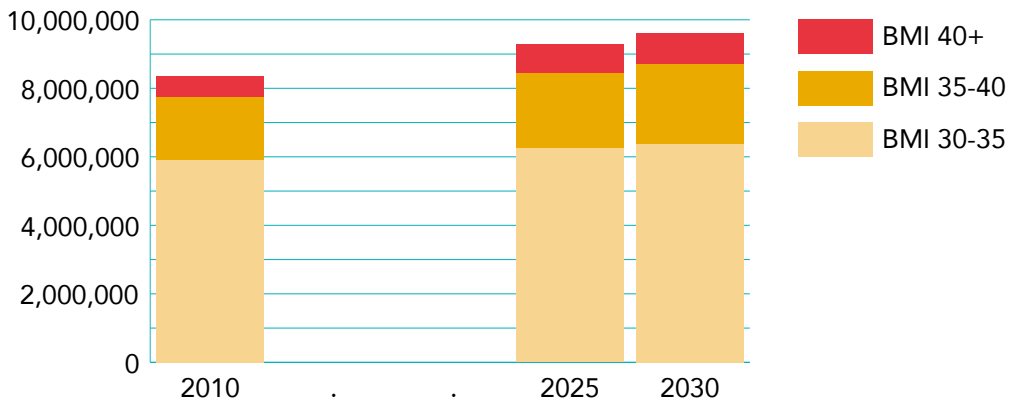
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	29.03%	7.81%	1.83%
	Total number	4,294,448	1,156,049	270,804
WOMEN	Prevalence (%)	29.56%	11.49%	3.56%
	Total number	5,309,749	2,064,654	640,071

GLOBAL PREPAREDNESS RANKING

79/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.3%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	14.31%	10.35%
Total number	263,611	474,331

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

4.0%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

36.5%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



United Arab Emirates

ADULTS WITH OBESITY BY 2030

40.6%

VERY HIGH

ADULT OBESITY IN 2030

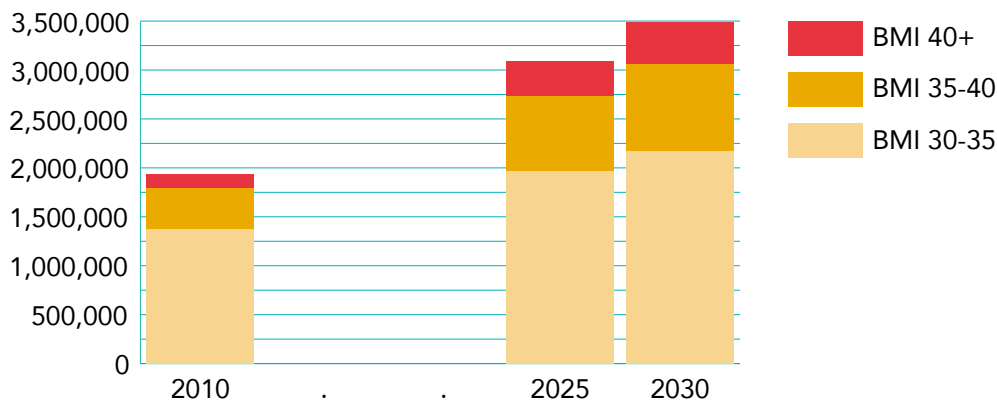
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	37.01%	12.28%	3.37%
	Total number	2,227,066	755,400	207,320
WOMEN	Prevalence (%)	49.82%	23.12%	9.24%
	Total number	1,208,727	561,002	224,223

GLOBAL PREPAREDNESS RANKING

92/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.0%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	26.72%	21.00%
Total number	122,929	226,546

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.4%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

78.8%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



United Kingdom

ADULTS WITH OBESITY BY 2030

37.0%

VERY HIGH

ADULT OBESITY IN 2030

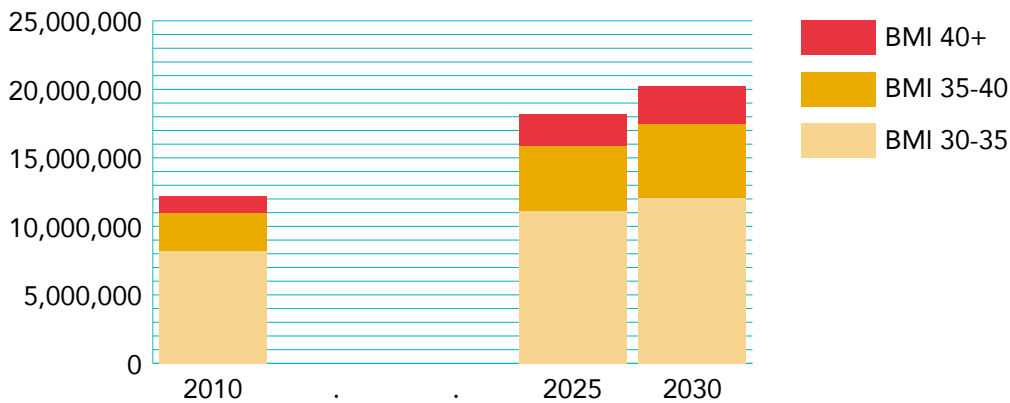
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	36.63%	12.15%	3.23%
	Total number	9,828,682	3,260,295	865,516
WOMEN	Prevalence (%)	37.45%	17.67%	6.90%
	Total number	10,397,211	4,907,073	1,916,785

GLOBAL PREPAREDNESS RANKING

7/183

GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.9%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	12.44%	10.33%
Total number	486,979	844,210

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

0.5%

VERY LOW

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

20.7%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



United States of America

ADULTS WITH OBESITY BY 2030

46.9%

VERY HIGH

ADULT OBESITY IN 2030

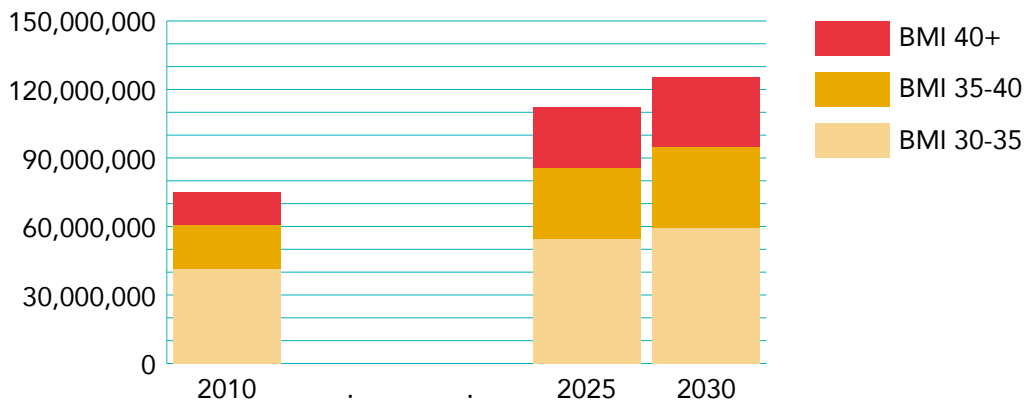
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	46.58%	21.81%	9.01%
	Total number	61,100,720	28,607,253	11,824,823
WOMEN	Prevalence (%)	47.13%	27.58%	13.89%
	Total number	64,414,854	37,699,103	18,990,994

GLOBAL PREPAREDNESS RANKING

41/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.7%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	26.29%	24.22%
Total number	5,375,367	9,814,433

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

1.1%

MEDIUM

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

31.7%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Uruguay

ADULTS WITH OBESITY BY 2030

35.4%

VERY HIGH

ADULT OBESITY IN 2030

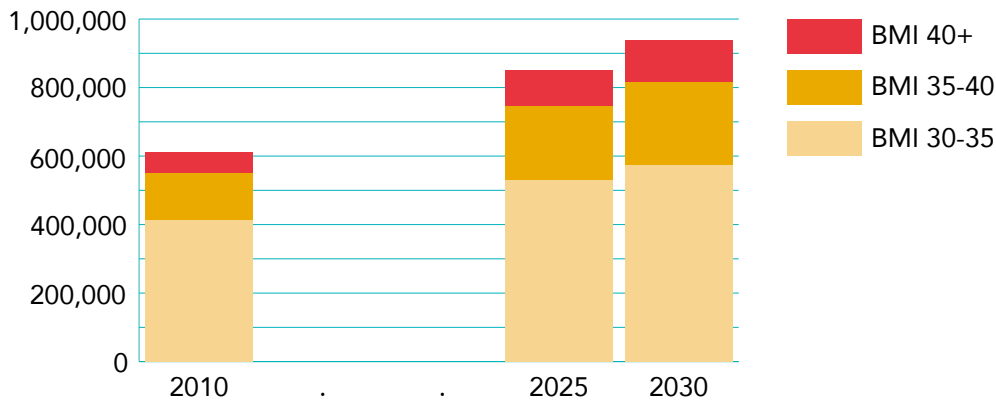
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	32.74%	9.47%	2.69%
	Total number	412,840	119,427	33,873
WOMEN	Prevalence (%)	37.87%	17.65%	6.45%
	Total number	524,893	244,643	89,387

GLOBAL PREPAREDNESS RANKING

42/183

FAIRLY GOOD

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

1.6%

MEDIUM

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	22.43%	17.23%
Total number	51,365	80,618

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

2.3%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

26.7%

LOW

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Uzbekistan

ADULTS WITH OBESITY BY 2030

23.1%

HIGH

ADULT OBESITY IN 2030

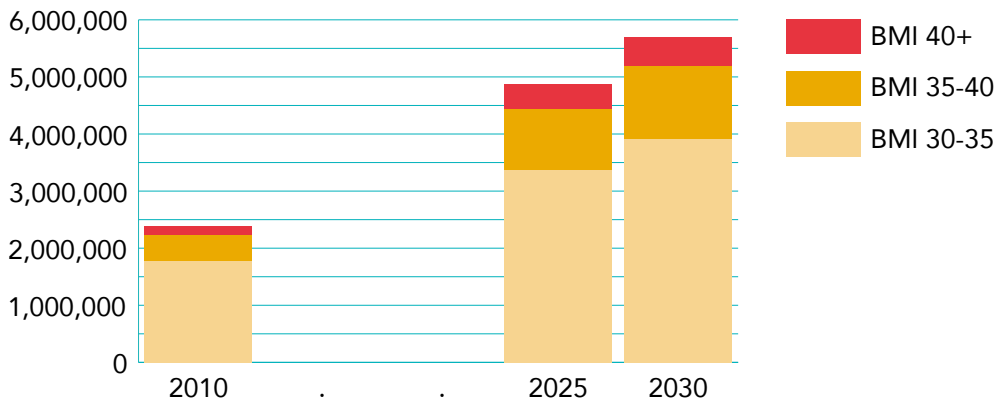
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	19.70%	4.32%	0.94%
	Total number	2,386,291	523,155	113,647
WOMEN	Prevalence (%)	26.37%	10.02%	3.14%
	Total number	3,312,153	1,258,099	394,080

GLOBAL PREPAREDNESS RANKING

121/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.5%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	11.88%	8.15%
Total number	371,844	544,410

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

6.7%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

56.5%

HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Vanuatu

ADULTS WITH OBESITY BY 2030

34.4%

VERY HIGH

ADULT OBESITY IN 2030

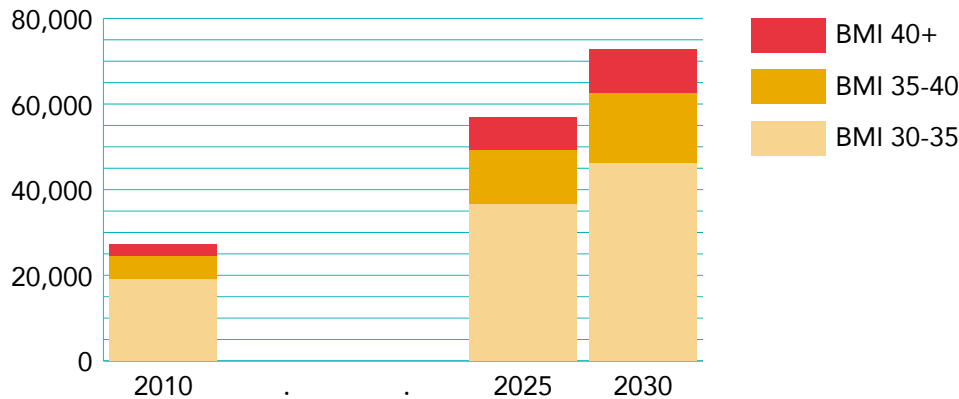
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	28.69%	8.10%	2.82%
	Total number	30,416	8,584	2,991
WOMEN	Prevalence (%)	40.07%	17.15%	6.84%
	Total number	42,479	18,176	7,256

GLOBAL PREPAREDNESS RANKING

173/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.2%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	19.11%	14.50%
Total number	8,410	11,743

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

5.4%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

67.6%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Venezuela

ADULTS WITH OBESITY BY 2030

32%

VERY HIGH

ADULT OBESITY IN 2030

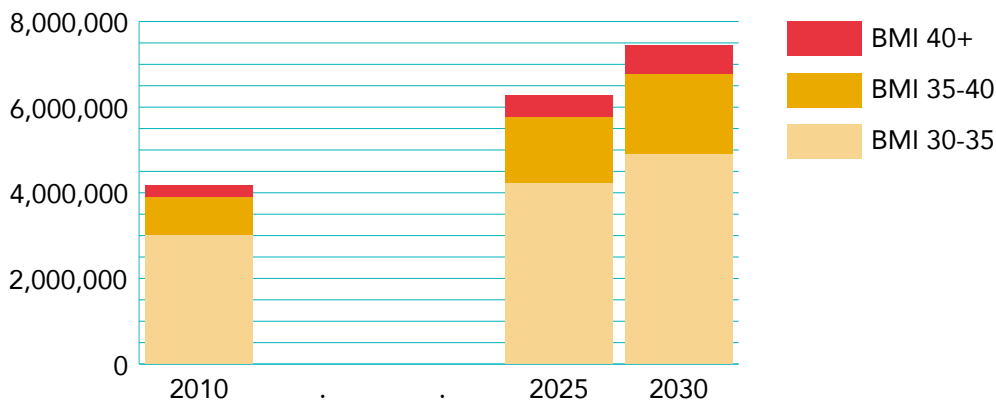
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	29.13%	8.70%	2.16%
	Total number	3,282,393	979,779	242,900
WOMEN	Prevalence (%)	34.65%	13.05%	3.49%
	Total number	4,150,440	1,563,277	417,897

GLOBAL PREPAREDNESS RANKING

75/183

AVERAGE

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.4%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	21.89%	16.73%
Total number	548,629	876,126

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

2.0%

HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

43%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Vietnam

ADULTS WITH OBESITY BY 2030

3.4%

VERY LOW

ADULT OBESITY IN 2030

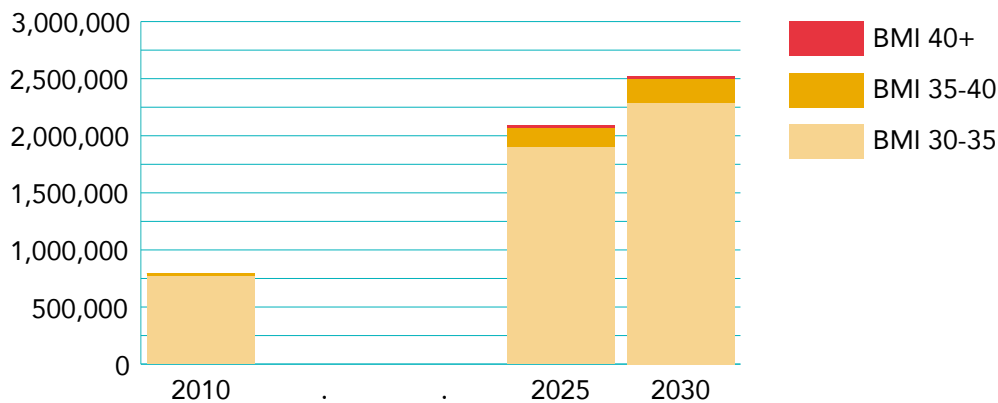
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	2.62%	0.15%	0.03%
	Total number	952,994	54,888	12,028
WOMEN	Prevalence (%)	4.11%	0.48%	0.04%
	Total number	1,571,009	182,831	15,972

GLOBAL PREPAREDNESS RANKING

108/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

4.5%

VERY HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	15.17%	7.89%
Total number	1,110,863	1,202,710

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

11.9%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

41.5%

MEDIUM

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Yemen

ADULTS WITH OBESITY BY 2030

24.8%

HIGH

ADULT OBESITY IN 2030

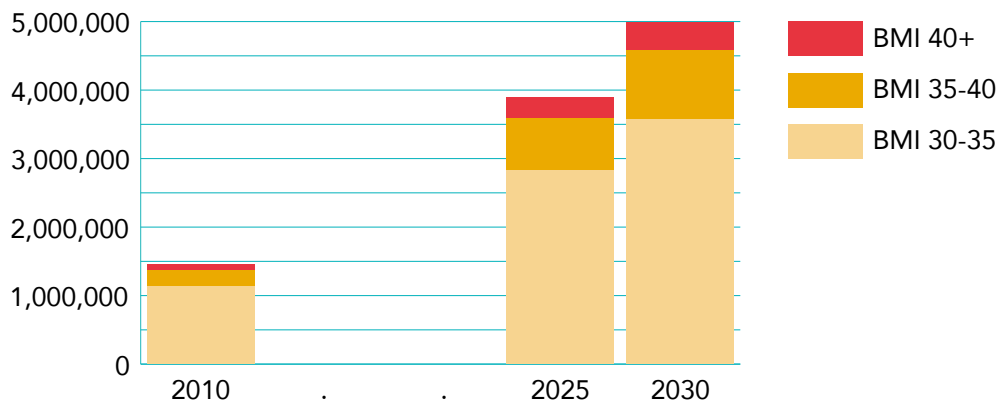
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	18.22%	3.63%	0.98%
	Total number	1,827,192	364,213	98,153
WOMEN	Prevalence (%)	31.37%	10.46%	3.18%
	Total number	3,169,886	1,056,769	321,214

GLOBAL PREPAREDNESS RANKING

162/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

2.9%

HIGH

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	19.95%	12.88%
Total number	735,732	1,016,820

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

6.2%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

61.8%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Zambia

ADULTS WITH OBESITY BY 2030

11.9%

MEDIUM

ADULT OBESITY IN 2030

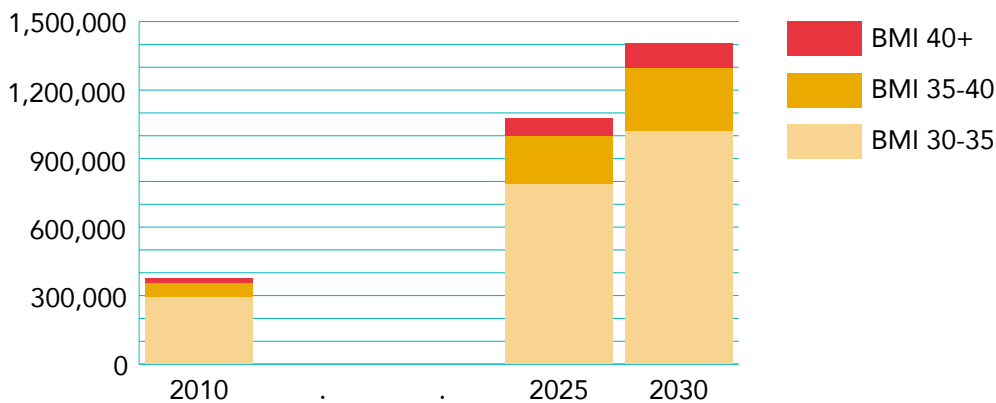
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	5.41%	0.72%	0.17%
	Total number	310,764	41,490	9,489
WOMEN	Prevalence (%)	18.06%	5.73%	1.67%
	Total number	1,096,121	347,622	101,490

GLOBAL PREPAREDNESS RANKING

130/183

POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010-2030

3.0%

HIGH

CHILD OBESITY IN 2030

Age	5-9	10-19
Prevalence (%)	9.50%	6.22%
Total number	310,369	347,822

ANNUAL INCREASE IN CHILD OBESITY 2010-2030

7.4%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

69.3%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
calculated from multiple metrics (see Appendix 1, World Obesity Atlas 2022).



Zimbabwe

ADULTS WITH OBESITY BY 2030

20.9%

HIGH

ADULT OBESITY IN 2030

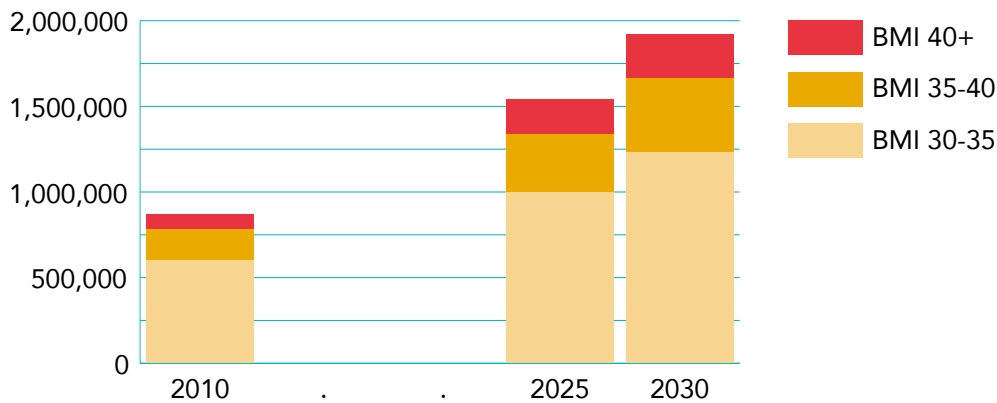
		BMI ≥30	BMI ≥35	BMI ≥40
MEN	Prevalence (%)	6.94%	1.25%	0.45%
	Total number	295,101	53,139	19,123
WOMEN	Prevalence (%)	32.83%	12.91%	4.87%
	Total number	1,628,528	640,571	241,749

GLOBAL PREPAREDNESS RANKING

145/183

VERY POOR

NUMBER OF ADULTS WITH OBESITY



ANNUAL INCREASE IN ADULT OBESITY 2010–2030

1.8%

MEDIUM

CHILD OBESITY IN 2030

Age	5–9	10–19
Prevalence (%)	12.77%	9.11%
Total number	259,519	385,563

ANNUAL INCREASE IN CHILD OBESITY 2010–2030

7.6%

VERY HIGH

PREMATURE DEATHS FROM NCDs AS % OF ALL NCD DEATHS

62.1%

VERY HIGH

REFERENCES

Obesity data:
NCD Risk Factor Collaboration, with permission, rights reserved. Projections by World Obesity

DALYs and deaths
Institute for Health Metrics and Evaluation Global Burden of Disease database, with permission, rights reserved.

NCD premature deaths:
World Health Organization Global Health Observatory, with permission, rights reserved.

Obesity-NCD preparedness
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Appendix

Appendix 1: Methods

Definitions

Overweight and obesity

Definitions are the World Health Organization body mass index (BMI) definitions shown here. For children, they are the definitions used by the World Health Organization for children over 5 years old.^{A1} Definitions in the Atlas tables and country report cards are inclusive (i.e., include higher levels of adiposity).

	Adults	Children
Overweight	BMI ≥ 25.0 kg/m ²	BMI >1 standard deviation above the WHO reference median
Obesity (Class I)	BMI ≥ 30.0 kg/m ²	BMI >2 standard deviations above the WHO reference median
Severe obesity (Class II)	BMI ≥ 35.0 kg/m ²	
Severe obesity (Class III)	BMI ≥ 40.0 kg/m ²	

Obesity prevalence thresholds

The prevalence of obesity can be categorised from very low to very high, using the following published threshold values.^{A2}

	Prevalence in adults	Prevalence in children
Very Low	<5%	<2.5%
Low	5% to <10%	2.5% to <5%
Medium	10% to <20%	5% to <10%
High	20% to <30%	10% to <15%
Very high	30% and over	15% and over

Colour-coding of Country scorecard data

The data circles on the country scorecards are coloured according to the criteria shown here.

	Dark green	Light Green	Amber	Red	Dark red
Obesity prevalence (see previous table)	Very low	Low	Medium	High	Very high
Obesity-NCD Preparedness rank	<35	35 to <70	70 to <105	105 to <140	140 and over
Annualised change in adult obesity prevalence	<0.5%	0.5% to <1.0%	1.0% to <2.0%	2.0% to <3.0%	3.0% and over
Annualised change in child obesity prevalence	<0.5%	0.5% to <1.0%	1.0% to <2.0%	2.0% to <3.0%	3.0% and over
Premature NCD deaths as a proportion of all NCD deaths	<15%	15% to <30%	30% to <45%	45% to <60%	60% and over

Data sources

Prevalence of obesity

Non-Communicable Disease Risk Factor Collaboration (NCD-RisC).^{A3} Age-adjusted prevalence tables were downloaded from the NCD-RisC interactive website, with methodological details and summary results published in *The Lancet* in 2017.^{A4}

Prevalence projections to 2025 and 2030

For adults, prevalence data have been generated by the Excel® FORECAST function using the data for 2000 to 2016 provided by the NCD Risk Factor Collaboration. 'Adults' are aged 20 years and over. For children, prevalence projections have been provided by the NCD-RisC team to the World Obesity Federation (see the *World Obesity Atlas Obesity: Missing the 2025 Global Targets*, World Obesity Federation, 2020).

Numbers affected and regional prevalence levels

The numbers of people affected are based on the UN population projections for 2025 and 2030, downloaded from the United Nations Population Division interactive website.^{A5} Estimates for obesity prevalence in World Health Organization regions and World Bank income groups are averaged from national data weighted by national population size.

BMI-attributed Disability-Adjusted Life Years (DALYs) and Deaths

Figures are based on 2019 data provided by the Institute for Health Metrics and Evaluation^{A6} for the DALYs and deaths from non-communicable diseases attributed to high BMI (and, for comparison, the DALYs and deaths from NCDs attributable to all specified risk factors).

Obesity-NCD Preparedness Ranking

The Obesity-NCD Preparedness Ranking is a novel metric for assessing a country's readiness to cope with the predicted rising levels of obesity, especially in its more severe forms, and the consequential non-communicable diseases that arise. There are no statistics available providing direct indicators of obesity treatment or management services or obesity prevention services, so instead the index compares countries for their reported competence to cope with ill-health and especially with the NCDs most likely to arise from obesity (principally cardiovascular disease, diabetes and cancer). The rankings are based on four primary components, described below, on which countries are ranked separately. Data were available from 183 countries, so the ranking within each of the four components ranges from 1 (best preparedness practices) to 183 (worst preparedness practices). A country's final ranking score was the simple average of its four component ranking scores.

The Obesity-NCD Preparedness Ranking is generated from the following four components:

1. The Institute for Health Metrics' estimate of Effective Universal Health Coverage for 2019 published in *The Lancet* in 2020.^{A7} This is a composite index of 23 indicators covering a range of health service types collected for the Sustainable Development Goals, and weighted by potential health gains. Data are published for 204 countries and territories.

2. The WHO Global Health Observatory's listing of premature deaths due to NCDs as a proportion of all NCD deaths.^{A8} Data for 2019 are available for 183 countries.
3. The WHO Global Health Observatory's listing of whether or not countries provide the following NCD-related indicators in the public health system.^{A9} This component of the preparedness ranking is the total number of 'yes' responses (out of a possible 18) for each country. Data are the latest available for 183 countries.
 - a. General availability of diabetes testing (by blood glucose measurement, OGTT) at the primary healthcare level
 - b. General availability of diabetes testing (by HbA1c) at the primary healthcare level
 - c. General availability of total cholesterol measurement at the primary healthcare level
 - d. Availability of cardiovascular risk stratification in 50% or more primary healthcare facilities
 - e. General availability of dialysis in the public health system
 - f. General availability of coronary bypass or stenting in the public health system
 - g. Provision for care of acute stroke and rehabilitation in more than 50% of public sector health facilities
 - h. General availability of insulin in the public health sector
 - i. General availability of aspirin (100 mg) in the public health sector
 - j. General availability of metformin in the public health sector
 - k. General availability of thiazide diuretics in the public health sector
 - l. General availability of ACE inhibitors in the public health sector
 - m. General availability of Angiotensin II receptor blockers (ARBs) in the public health sector
 - n. General availability of CC blockers in the public health sector
 - o. General availability of beta blockers in the public health sector
 - p. General availability of statins in the public health sector
 - q. General availability of oral morphine in the public health sector
 - r. General availability of sulphonylurea(s) in the public health sector
4. The WHO Global Health Observatory's listing of whether or not countries provide the following NCD-related policy-related indicators for the prevention of NCDs at national level.^{A10} This component of the preparedness ranking is the total number of 'yes' responses (out of 12) for each country. Data for 2019 are available for 183 countries.
 - a. Existence of a set of time-bound national targets based on WHO guidance
 - b. Existence of an operational, multisectoral national NCD policy, strategy or action plan that integrates several NCDs and their risk factors
 - c. Existence of any policies on marketing of foods to children
 - d. Existence of any policies to reduce population salt consumption
 - e. Existence of national policies on saturated fatty acids / trans-fats
 - f. Existence of national policies on trans-fatty acid elimination
 - g. Existence of operational policy/strategy/action plan for cancer
 - h. Existence of operational policy/strategy/action plan for cardiovascular diseases
 - i. Existence of operational policy/strategy/action plan for diabetes
 - j. Existence of operational policy/strategy/action plan to reduce physical inactivity
 - k. Existence of operational policy/strategy/action plan to reduce unhealthy diet related to NCDs
 - l. Implementation of physical activity public awareness program

Caveat: The Obesity-NCD Preparedness Rankings are not adjusted for the prevalence of obesity and the potential health gains that might result from better preparedness. Furthermore, the results are ranking scores: the countries with the best rankings (lowest scoring) do not necessarily offer 'ideal' obesity-related services, only services which are better than worse-ranking (higher scoring) countries.

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